

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731635

FILED
Jan 11, 2005
Secretary of State

Entity Name: FLORIDA PORTS COUNCIL, INC.

Current Principal Place of Business:

502 E. JEFFERSON ST
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

502 E. JEFFERSON ST
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-2749829 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LACAPRA (JOHN R.)
502 E. JEFFERSON ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LACAPRA, JOHN R.,
Address: 9215 N BAYSHORE DR
City-St-Zip: MIAMI SHORES, FL

Title: DC () Delete
Name: MCDONALD, DAVID
Address: 300 REGAL CRUISEWAY STE 1
City-St-Zip: PALMETTO, FL 34221

Title: DT () Delete
Name: WILLIAMSON, GEORGE
Address: 1101 CHANNELSIDE DR
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: KIRINCICH, ZELKO
Address: 1101 CHANNELSIDE DR
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R. LACAPRA

PD

01/11/2005

Electronic Signature of Signing Officer or Director

_____ Date