


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 731635 1. Entity Name FLORIDA PORTS COUNCIL, INC.	
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Principal Place of Business 502 E. JEFFERSON ST TALLAHASSEE, FL 32301 US	Mailing Address 502 E. JEFFERSON ST TALLAHASSEE, FL 32301 US
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02112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2749829	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LACAPRA, JOHN R. 502 E. JEFFERSON ST TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MCDONALD, DAVID 300 TAMPA BAY WAY, STE 1 PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAINIO, RICHARD 1101 CHANNELSIDE DR TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/27/08-80051-006 183.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John R. LaCapra John R. LaCapra 2/20/08 850-222-8228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #