2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005
Secretary of State

DOCUMENT# N01000001253

Entity Name: FRIENDS AND SUPPORTERS OF TRANSIT, INC.

Current Principal Place of Business:

2003 APALACHEE PKWY., #102
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

PO BOX 10168
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-3736906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATSON, WES
2055 CHAMPAGNE DR.
TALLAHASSEE, FL 32308 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: D (X) Delete
Name: WESTBROOK, KEN
Address: 1515 W. FAIRFIELD DR.
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete
Name: SMITH, LORRAINE
Address: 3201 W COPANS RD .
City-St-Zip: TAMPA, FL 33609

Title: D (X) Delete
Name: GLASSMAN, HOWARD
Address: 605 SUWANEE ST., MS 28B
City-St-Zip: TALLAHASSEE, FL 32399

Title: EO ( ) Delete
Name: WATSON, WES
Address: 2003 APALACHEE PKWY.
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: P (X) Change ( ) Addition
Name: WATSON, WES
Address: 2003 APALACHEE PKWY.
City-St-Zip: TALLAHASSEE, FL 32301

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: WES WATSON P 01/13/2005

Electronic Signature of Signing Officer or Director Date