

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000940

FILED
Jan 16, 2008
Secretary of State

Entity Name: FLORIDA GROUND TRANSPORTATION ASSOCIATION, INC.

Current Principal Place of Business:

4740 NW 15TH AVENUE
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

1969 SOUTH PARK ROAD
PEMBROKE PARK, FL 33009

Current Mailing Address:

P.O. BOX 621871
ORLANDO, FL 32862

New Mailing Address:

1969 SOUTH PARK ROAD
PEMBROKE PARK, FL 33009

FEI Number: 01-0678346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARLSWARD, TIMOTHY P TRES
4972 TANGERINE AVENUE
WINTER PARK, FL, FL 32792 US

Name and Address of New Registered Agent:

BORODAY, CARLA PRES
1969 SOUTH PARK ROAD
PEMBROKE PARK, FL 33009 US

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: CARLA BORODAY

01/16/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BORODAY, CARLA MS
Address: 4740 NW 15TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VP () Delete
Name: SHAW, DAVID MR.
Address: P.O. BOX 16226
City-St-Zip: CLEARWATER, FL 33766

Title: TRES () Delete
Name: CARLSWARD, TIMOTHY P MR.
Address: P.O. BOX 1627
City-St-Zip: GOLDENROD, FL 32733

Title: D () Delete
Name: FUGITT, RICK MR.
Address: 12165 METRO PARKWAY, SUITE #17B
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BORODAY, CARLA MS
Address: 1969 SOUTH PARK ROAD
City-St-Zip: PEMBROKE PARK, FL 33009

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TIMOTHY P CARLSWARD

TRES

01/16/2008

Electronic Signature of Signing Officer or Director

Date