

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90203 032 ****61.25

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DOCUMENT # N02000004689					
1. Entity Name CROSS-DISABILITY TRANSPORTATION ISSUES COMMITTEE, INC.					
Principal Place of Business 5555 BISCAYNE BLVD 2ND FLOOR MIAMI, FL 33137 US			Mailing Address 5555 BISCAYNE BLVD 2ND FLOOR MIAMI, FL 33137 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 37-1434255	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARCO, M. RAY 11211 SW 102 AVE. MIAMI, FL 33176				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNALLY, ELIZABETH			NAME	
STREET ADDRESS	1398 NE 182 ST.			STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHURCH, THOMAS			NAME	
STREET ADDRESS	350 TOTOLOCHEE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33010			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNALLY, ELIZABETH			NAME	
STREET ADDRESS	1960 NE 185 TERR			STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH, FL 33179			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, DAMIAN			NAME	
STREET ADDRESS	11342 SW 163 ST.			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33157			CITY-ST-ZIP	
TITLE	MD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMBLE, ANN			NAME	
STREET ADDRESS	1398 NE 182 ST			STREET ADDRESS	
CITY-ST-ZIP	NO. MIAMI BCH, FL 33162			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIBMAN, LAWRENCE			NAME	
STREET ADDRESS	280 SIERRA DRIVE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33179			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Ann D. Kimble</i>				2/17/05 305-758-7740	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	