

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004264

FILED
Apr 22, 2005
Secretary of State

Entity Name: THE SOCIETY TO INCREASE MOBILITY, INC.

Current Principal Place of Business:

P.O. BOX 27386
TAMPA, FL 33623 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 27386
TAMPA, FL 33623 US

New Mailing Address:

FEI Number: 02-0692279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRENCH, JENNIFER S
6602 SHORT BAY PLACE
TAMPA, FL 33615 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: PTD () Delete
Name: FRENCH, JENNIFER S
Address: 6602 SHORT BAY PLACE
City-St-Zip: TAMPA, FL 33615 US

Title: S/D (X) Delete
Name: BOXTEL, AMANDA
Address: SUITE 301 GATEWAY CENTER
City-St-Zip: SNOWMASS, CO 81615

Title: V/D () Delete
Name: CAVUOTO, JAMES
Address: 461 SECOND ST. #124
City-St-Zip: SAN FRANCISCO, CA 94107 CA

Title: D () Delete
Name: BUCKETT, MARY
Address: 11000 CEDAR AVENUE, SUITE 230
City-St-Zip: CLEVELAND, OH 44106

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

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: JENNIFER S FRENCH

PTD

04/22/2005

Electronic Signature of Signing Officer or Director

Date