

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003354

FILED
Mar 08, 2005
Secretary of State

Entity Name: FLORIDA DRIVERS ASSOCIATION CORPORATION

Current Principal Place of Business:

5662 SW ORCHID BAY DRIVE
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

5662 SW ORCHID BAY DRIVE
PALM CITY, FL 34990 US

New Mailing Address:

2740 SW MARTIN DOWNS BLVD
#114
PALM CITY, FL 34990 US

FEI Number: 20-0966991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYERSON, DONNA
5662 SW ORCHID BAY DRIVE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

MEYERSON, DONNA
2740 SW MARTIN DOWNS BLVD
#114
PALM CITY, FL 34990 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: DONNA MEYERSON

03/08/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MEYERSON, DONNA
Address: 5662 SW ORCHID BAY DRIVE
City-St-Zip: PALM CITY, FL 34990 US

Title: DVP () Delete
Name: MEYERSON, ADAM
Address: 5662 SW ORCHID BAY DRIVE
City-St-Zip: PALM CITY, FL 34990 US

Title: DTS () Delete
Name: MEYERSON, PAULA
Address: 5662 SW ORCHID BAY DRIVE
City-St-Zip: PALM CITY, FL 34990 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MEYERSON, DONNA
Address: 2740 SW MARTIN DOWNS BLVD., #114
City-St-Zip: PALM CITY, FL 34990 US

Title: DVP (X) Change () Addition
Name: MEYERSON, ADAM
Address: 2740 SW MARTIN DOWNS BLVD., #114
City-St-Zip: PALM CITY, FL 34990 US

Title: DTS (X) Change () Addition
Name: MEYERSON, PAULA
Address: 2740 SW MARTIN DOWNS BLVD., #114
City-St-Zip: PALM CITY, FL 34990 US

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: DONNA MEYERSON

DP

03/08/2005

Electronic Signature of Signing Officer or Director

Date