

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002168

FILED
Apr 28, 2009
Secretary of State

Entity Name: ALLIANCE FOR RESPONSIBLE TRANSPORTATION, INC.

Current Principal Place of Business:

1922 7TH STREET
SARASOTA, FL 34236

New Principal Place of Business:

2105 ROBINSON AVE.
SARASOTA, FL 34232 US

Current Mailing Address:

P.O.
BOX 1741
SARASOTA, FL 34230

New Mailing Address:

P.O. BOX 1741
SARASOTA, FL 34230

FEI Number: 71-0998384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOUNE, ANDREW D
1922 7TH STREET
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

NOUNE, ANDREW D
2105 ROBINSON AVE.
SARASOTA, FL 34232 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: ANDREW NOUNE

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: NOUNE, ANDREW D
Address: 1922 7TH STREET
City-St-Zip: SARASOTA, FL 34236 US

Title: V () Delete
Name: MAFFETT, MARJORIE
Address: 1555 7TH STREET
City-St-Zip: SARASOTA, FL 34236 US

Title: D () Delete
Name: O'CONNELL, ERIC
Address: 1555 7TH STREET
City-St-Zip: SARASOTA, FL 34236 US

Title: S () Delete
Name: SMITH, DANIELLE
Address: 5800 BAYSHORE RD. BOX 596
City-St-Zip: SARASOTA, FL 34243

Title: D (X) Delete
Name: DOYLE, BRANDY
Address: 1922 7TH STREET
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NOUNE, ANDREW D
Address: 2105 ROBINSON AVE.
City-St-Zip: SARASOTA, FL 34232 US

Title: VP (X) Change () Addition
Name: COSTELLO, CASEY
Address: 688 42ND ST.
City-St-Zip: SARASOTA, FL 34234 US

Title: S (X) Change () Addition
Name: STANLEY, RYAN
Address: 664 COHEN WAY
City-St-Zip: SARASOTA, FL 34236 US

Title: T (X) Change () Addition
Name: HUFFORD, SARAH M
Address: 2105 ROBINSON AVE.
City-St-Zip: SARASOTA, FL 34232

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: ANDREW NOUNE

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date