


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000009791 1. Entity Name NATIONAL TRAFFIC SAFETY ACADEMY, INC.						FILED 07 APR 30 AM 10:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2391 LANCELOT DR TALLAHASSEE, FL 32309				Mailing Address 2391 LANCELOT DR TALLAHASSEE, FL 32309			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent BURRIS, ANN 2391 LANCELOT DR TALLAHASSEE, FL 32309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 <u>Ann Burris</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/30/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee Is \$61.25 Due by May 1, 2007				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 NAME STREET ADDRESS CITY-ST-ZIP	Executive Director <input type="checkbox"/> Delete Ann Burris 2391 Lancelot Dr Tallahassee, FL 32309			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ←		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President <input type="checkbox"/> Delete William R. Donaldson 3808 Forsythway Tallahassee, FL 32309			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ←		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Vice President <input type="checkbox"/> Delete Jerry Mc Bee 3718 Daggerwing Court Tallahassee, FL 32309			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ←		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Sec. Treasurer <input type="checkbox"/> Delete Betty T. Sprouse 3563 Tubbercurry Court Tallahassee, FL 32309			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ←		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Ann Burris</u> Ann Burris 4/30/07 850-681-0800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							