

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003580

FILED
Apr 30, 2009
Secretary of State

Entity Name: FLORIDA TAXI DRIVERS ASSOCIATION, INC.

Current Principal Place of Business:

6228 RED OAK LANE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 592788
ORLANDO, FL 32809

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARREAU, CELETOME
6228 RED OAK LANE
ORLANDO, FL 32809 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: P () Delete
Name: BASHA, ABRAHAM
Address: P.O. BOX 592788
City-St-Zip: ORLANDO, FL 32859

Title: VP () Delete
Name: CHAVANE, LAMARE
Address: P.O. BOX 592788
City-St-Zip: ORLANDO, FL 32859

Title: SD () Delete
Name: SOBIA, NICOLAS
Address: P.O. BOX 592788
City-St-Zip: ORLANDO, FL 32859

Title: D () Delete
Name: BARREAU, CELETOME
Address: P.O. BOX 592788
City-St-Zip: ORLANDO, FL 32859

Title: D () Delete
Name: AUGUSTIN, PHILOMA
Address: P.O. BOX 592788
City-St-Zip: ORLANDO, FL 32859

Title: D () Delete
Name: ASRULA, KALAMAT
Address: P.O. BOX 592788
City-St-Zip: ORLANDO, FL 32859

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:

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 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: ASRULA KALAMAT

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date