

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005961

FILED
Jan 28, 2009
Secretary of State

Entity Name: THE FLORIDA PROVIDERS FOR TRAFFIC SAFETY, INC.

Current Principal Place of Business:

1725 ART MUSEUM DR.
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1725 ART MUSEUM DR.
JACKSONVILLE, FL 32207

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:

HOLLEY, JOEL R JR.
1725 ART MUSEUM DR.
JACKSONVILLE, FL 32207 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: PD () Delete
Name: HOLLEY, C. SUE
Address: 1725 ART MUSEUM DR.
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD () Delete
Name: CASSIDY, BART JR.
Address: 9009 MAHAN DR., SUITE 501
City-St-Zip: TALLAHASSEE, FL 32309

Title: VD () Delete
Name: GUILMET, THOMAS P
Address: 427 N. PRIMROSE DR.
City-St-Zip: ORLANDO, FL 32803

Title: VD () Delete
Name: NOLAN, MIKE
Address: 415 N. DIXIE HWY., #3
City-St-Zip: LAKE WORTH, FL 33460

Title: TD () Delete
Name: HOLLEY, JOEL R JR.
Address: 1725 ART MUSEUM DR.
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD () Delete
Name: JOWELL, KIM
Address: 1145 CT. ST.
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOLLEY, CAROLYN S
Address: 1725 ART MUSEUM DR.
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD (X) Change () Addition
Name: JOWELL, KIM J
Address: 1145 COURT STREET
City-St-Zip: CLEARWATER, FL 33756

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: CAROLYN S HOLLEY

PD

01/28/2009

Electronic Signature of Signing Officer or Director

_____ Date