

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005961

FILED
Feb 18, 2010
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 (X)

FEI Number Not Applicable ()

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
Name: HOLLEY, CAROLYN S
Address: 1725 ART MUSEUM DR.
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD
Name: JOWELL, KIM J
Address: 1145 COURT STREET
City-St-Zip: CLEARWATER, FL 33756

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

Title: VD
Name: ADAMS, RICK
Address: 5811 MEMORIAL HWY., SUITE 108
City-St-Zip: TAMPA, FL 33615

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

I hereby 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 all other like empowered.

SIGNATURE: C. SUE HOLLEY

PRES

02/18/2010

Electronic Signature of Signing Officer or Director

Date