# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 21, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # N12257

1. Entity Name
MID FLORIDA UTILITIES & TRANSPORTATION CONTRACTORS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 231 WEST BAY AVENUE<br>LONGWOOD, FL 32750-4125 US | 231 WEST BAY AVENUE<br>LONGWOOD, FL 32750-4125 US |

01032006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-0796488
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KERSHNER, R. BRUCE
231 WEST BAY AVENUE
LONGWOOD, FL 32750-4125

**DO NOT WRITE IN THIS SPACE**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | IPP |
| NAME | CUNNINGHAM, JIM |
| STREET ADDRESS | 300 RONALD REAGAN BLVD #309 |
| CITY-ST-ZIP | LONGWOOD, FL 32750 |
| TITLE | ST |
| NAME | SHOTWELL, LARRY |
| STREET ADDRESS | 8940 GALL BOULEVARD |
| CITY-ST-ZIP | ZEPHYRHILLS, FL 334392295 |
| TITLE | P |
| NAME | GOTSIS, CHERYL |
| STREET ADDRESS | 401 FERGUSON DRIVE |
| CITY-ST-ZIP | ORLANDO, FL 32805 |
| TITLE | ED |
| NAME | KERSHNER, R BRUCE |
| STREET ADDRESS | 231 WEST BAY AVENUE |
| CITY-ST-ZIP | LONGWOOD, FL 327504125 |
| TITLE | D |
| NAME | ETHERIDGE, SAM |
| STREET ADDRESS | 3333 OLD WINTER GARDEN ROAD |
| CITY-ST-ZIP | ORLANDO, FL |
| TITLE | P |
| NAME | WORISCHECK, CHUCK |
| STREET ADDRESS | 2601 MAITLAND CENTER PARKWAY |
| CITY-ST-ZIP | MAITLAND, FL 327514110 |

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05/04/06-80003-013 61.25

**DO NOT WRITE IN THIS SPACE**

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:** R. Bruce Kershner 4/19/06 407/831-6010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #