2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N20620

Entity Name: FLORIDA ASSOCIATION OF COORDINATED TRANSPORTATION SYSTEMS, INCORPORATED

Current Principal Place of Business:

P O BOX 1721
TALLAHASSEE, FL 32302

New Principal Place of Business:

3988 OLD COTTONDALE ROAD
MARIANNA, FL 32448

Current Mailing Address:

P O BOX 1721
TALLAHASSEE, FL 32302

New Mailing Address:

3988 OLD COTTONDALE ROAD
MARIANNA, FL 32448

FEI Number: 59-2828619 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WATERS, EDWARD B
2201 EISENHOWER STREET
TALLAHASSEE, FL 32310 US

Name and Address of New Registered Agent:

PEELER, SHARON
3988 OLD COTTONDALE ROAD
MARIANNA, FL 32448 US

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: SHARON PEELER 04/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: WATERS, EDWARD
Address: 2201 EISENHOWER ST
City-St-Zip: TALLAHASSEE, FL 32310

Title: SD ( ) Delete
Name: HARTZOG, SHERYL
Address: 604 WALNUT ST
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: PD ( ) Delete
Name: GRIFFIN, ED
Address: 14676 SW 39TH CRT RD
City-St-Zip: OCALA, FL 34473

Title: VD ( ) Delete
Name: CART, DONNA
Address: 1101 SW 20TH CT
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: PEELER, SHARON
Address: 3988 OLD COTTONDALE ROAD
City-St-Zip: MARIANNA, FL 32448

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: SHARON PEELER TD 04/16/2009
Electronic Signature of Signing Officer or Director Date