

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20620

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA ASSOCIATION OF COORDINATED TRANSPORTATION SYSTEMS, INCORPORATED

**Current Principal Place of Business:**

3988 OLD COTTONDALE ROAD  
MARIANNA, FL 32448

**New Principal Place of Business:**

**Current Mailing Address:**

3988 OLD COTTONDALE ROAD  
MARIANNA, FL 32448

**New Mailing Address:**

**FEI Number:** 59-2828619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PEELER, SHARON  
3988 OLD COTTONDALE ROAD  
MARIANNA, FL 32448 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: TD  
Name: PEELER, SHARON  
Address: 3988 OLD COTTONDALE ROAD  
City-St-Zip: MARIANNA, FL 32448

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

Title: PD  
Name: THOMPSON, BOYD  
Address: 220 NORTH 11TH STREET  
City-St-Zip: PALATKA, FL 32177

Title: VD  
Name: GRIFFIN, ED  
Address: 14676 SW 39TH COURT ROAD  
City-St-Zip: OCALA, FL 34473

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: SHARON PEELER

TD

04/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date