## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N28654

FILED Mar 28, 2005 Secretary of State

Entity Name: FLORIDIANS FOR BETTER TRANSPORTATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 136 S. BRONOUGH ST. TALLAHASSEE, FL 32301 US **Current Mailing Address: New Mailing Address:** 136 S. BRONOUGH ST TALLAHASSEE, FL 32301 US FEI Number: 59-2907605 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CALLAWAY, DOUGLAS 136 S. BRONOUGH STREET TALLAHASSEE, FL 32301 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CALLAWAY, DOUGLAS Name: Name: 136 S. BRONOUGH ST. Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: CD () Delete Title: CD (X) Change ( ) Addition ALLARD, JEAN-MARC Name: CONRECODE, THOMAS Name: Address: P.O. BOX 547217 Address: 3003 TAMIAMI TRAIL, N., #400 City-St-Zip: ORLANDO, FL 32854 City-St-Zip: NAPLES, FL 34103 Title: () Delete Title: SD (X) Change ( ) Addition LEDFORD, PAUL RUDD, FRANK Name: Name: 136 S. BRONOUGH ST. Address: Address: 125 S. GADSDEN STREET City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32302 07 Title: TD () Delete Title: () Change () Addition BURLESON, ROBERT Name: Name: Address: 1007 DESOTO PARK DR., STE. 200 Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: ( ) Delete Title: CD (X) Change ( ) Addition CONRECODE, THOMAS Name: Name: KUSHA, SIA 3003 TAMIAMI TRAIL, N., #400 8875 HIDDEN RIVER PKWY., STE. 200 Address: Address: NAPLES, FL 34103 City-St-Zip: City-St-Zip: TAMPA, FL 33637

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DOUGLAS CALLAWAY PD 03/28/2005