

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28654

FILED
Mar 03, 2006
Secretary of State

Entity Name: FLORIDIANS FOR BETTER TRANSPORTATION, INC.

Current Principal Place of Business:

136 S. BRONOUGH ST.
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

136 S. BRONOUGH ST.
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-2907605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLAWAY, DOUGLAS
136 S. BRONOUGH STREET
TALLAHASSEE, FL 32301 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 () Delete
Name: CALLAWAY, DOUGLAS
Address: 136 S. BRONOUGH ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: CD () Delete
Name: CONRECODE, THOMAS
Address: 3003 TAMiami TRAIL, N., #400
City-St-Zip: NAPLES, FL 34103

Title: SD () Delete
Name: RUDD, FRANK
Address: 125 S. GADSDEN STREET
City-St-Zip: TALLAHASSEE, FL 32302 07

Title: TD () Delete
Name: BURLESON, ROBERT
Address: 1007 DESOTO PARK DR., STE. 200
City-St-Zip: TALLAHASSEE, FL 32301

Title: CD (X) Delete
Name: KUSHA, SIA
Address: 8875 HIDDEN RIVER PKWY., STE. 200
City-St-Zip: TAMPA, FL 33637

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: KUSHA, SIAMAK CHAIR
Address: 8875 HIDDEN RIVER PKWY STE. 200
City-St-Zip: TAMPA, FL 33637

Title: SD (X) Change () Addition
Name: GHYABI, MARYAM V-CHAIR
Address: 214 E. NEW YORK AVE
City-St-Zip: DELAND, FL 32724

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 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: DOUGLAS CALLAWAY

PD

03/03/2006

Electronic Signature of Signing Officer or Director

Date