

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41602

FILED
Mar 09, 2006
Secretary of State

Entity Name: FLORIDA OPERATION LIFESAVER, INC.

Current Principal Place of Business:

FLORIDA DEPT. OF TRANSPORTATION
605 SUWANNEE ST., MS 25
TALLAHASSEE, FL 323990450 US

New Principal Place of Business:

Current Mailing Address:

FLORIDA DEPT. OF TRANSPORTATION
605 SUWANNEE ST., MS 25
TALLAHASSEE, FL 323990450 US

New Mailing Address:

FEI Number: 59-3086432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARY, FITZPATRICK
605 SUWANNEE STREET
MS 25
TALLAHASSEE, FL 323990450 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: MCMAHON, JOE
Address: 500 WATER ST
City-St-Zip: JACKSONVILLE, FL 32202

Title: TSD () Delete
Name: MISHEFSKE, RICHARD
Address: 800 NW 33RD ST STE 100
City-St-Zip: POMPANO BEACH, FL 33064

Title: VD () Delete
Name: KANUPP, KAY
Address: 325 WEST GAINES STREET #824
City-St-Zip: TALLAHASSEE, FL 323990400

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STAYTON, CLIFF
Address: 500 WATER ST
City-St-Zip: JACKSONVILLE, FL 32202

Title: TSD (X) Change () Addition
Name: YODER, ALLEN
Address: 800 NW 33RD ST STE 100
City-St-Zip: POMPANO BEACH, FL 33064

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: ALLEN YODER

TSD

03/09/2006

Electronic Signature of Signing Officer or Director

Date