

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**


FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAR 28 AM 11:05

 SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N46155 (0)

1. Corporation Name

**CAPITAL CITY TRANSPORTATION MANAGEMENT ASSOCIATI
ON, INC.**

Principal Place of Business

Mailing Address

 FSU COLLEGE OF BUSINESS
TALLAHASSEE FL 32306-3037

 FSU COLLEGE OF BUSINESS
TALLAHASSEE FL 32306

3. Date Incorporated or Qualified

11/22/1991

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country 30 Zip Country

4. FEI Number

59-6152180

Applied For

Not Applicable

5. Certificate of Status Desired

☐
**\$8.75 Additional
Fee Required**

 6. Election Campaign Financing
Trust Fund Contribution
☐
**\$5.00 May Be
Added to Fees**

 8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes
☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARVER, D. DEWAYNE
FSU COLLEGE OF BUSINESS
~~BOVETTA 321~~
TALLAHASSEE FL 32306-3037**

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

 83 **BOVETTA 321**

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DEWAYNE CARVER

(NOTE: Registered Agent signature required when reinstating)

EXECUTIVE DIRECTOR**1/15/97**

DATE

12. OFFICERS AND DIRECTORS

 TITLE **C** ☐ DELETE
NAME **MCPHERSON, TOM**
STREET ADDRESS **2740 CENTERVIEW DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32394-2100**

 TITLE **D** ☐ DELETE
NAME **WATFORD, CHARLES**
STREET ADDRESS **FDOT 605 SUWANNEE ST. MS50**
CITY-ST-ZIP **TALLAHASSEE FL 32399-0490**

 TITLE **D** ☐ DELETE
NAME **COOLEY, LYN**
STREET ADDRESS **FSU PARKING SERVICES**
CITY-ST-ZIP **TALLAHASSEE FL 32306**

 TITLE **D** ☐ DELETE
NAME **MORGAN, CARL**
STREET ADDRESS **2737 CENTREVIEW ROAD**
CITY-ST-ZIP **TALLAHASSEE FL**

 TITLE **D** ☐ DELETE
NAME **PARRISH, DEBORAH**
STREET ADDRESS **3900 COMMONWEALTH BLVD.**
CITY-ST-ZIP **TALLAHASSEE FL 32394**

 TITLE **D** ☒ DELETE
NAME **JAFFE, CLINTON**
STREET ADDRESS **301 S. MONROE ST.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

 2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

 3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

 4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

 5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

 6.1 TITLE ☒ Change ☒ Addition
6.2 NAME **S/T**
6.3 STREET ADDRESS **LEVINE, DALE**
6.4 CITY-ST-ZIP **FLORIDA LOTTERY, CAPITOL CTR COMPLEX**
TALLAHASSEE FL 32301

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0077440

CP2E037 (9/96)

NPPT14 - 01 RUN DATE 03/04/97 AS OF 03/04/97
AMMS - CENTRAL ACCOUNTING

450000 00
PAGE 20

POSTED JOURNAL TRANSACTIONS BY SHDN WITHIN BENEFITTING OLO AND SITE

UNIT LOCATION - STATEWIDE
LO 450000 - DEPARTMENT OF STATE
ITE 00 - DEPARTMENT OF STATE
MDN 57000139397 ADDCMO V021089

OLO 492000 - FLORIDA STATE UNIVERSITY
SITE 00 - FLORIDA STATE UNIVERSITY - ACCOUNTING SE
(904)644-5010

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT	ACCOUNT CODE	BENEFITTING DATA	CF	TC	OBJECT
20 2 655003 48900700 20 040000 00		25	4990	61.25	45 20 2 130001 45300000 00 000100 00			45	
					INVOICE # 022697	61.25			
ANSACTION CODE TOTAL - 25				61.25	45	61.25			

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3-5-97

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FINANCIAL MANAGEMENT

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