

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90078 027 ****61.25

DOCUMENT # N46167

1. Entity Name

MCBT ROAD MAINTENANCE ASSOCIATION, INC.



Principal Place of Business

3675 LAKE CHARLES DR.
TALLAHASSEE FL 32309

Mailing Address

3675 LAKE CHARLES DR.
TALLAHASSEE FL 32309

50018424



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3660 LAS BRISAS ST

Suite, Apt. #, etc.

3. Mailing Address

3660 LAS BRISAS ST

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE FL

4. FEI Number

59-3094741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUDOLPH, JOHN A., JR.
5663 TORTOISE CROSSING
TALLAHASSEE FL 32309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John A. Rudolph Jr.

JOHN A. RUDOLPH JR

2/17/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VPD ☐ Delete
NAME JOHNSON, JERRY
STREET ADDRESS 3624 MOODY TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE SD ☐ Delete
NAME GILLIS, TIM
STREET ADDRESS 3696 LAKE CHARLES DR.
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE PD ☐ Delete
NAME ELLISON, DARYL
STREET ADDRESS 3768 LAKE CHARLES DR.
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE TD ☐ Delete
NAME DRAKE, LISA
STREET ADDRESS 3702 LAKE CHARLES DR
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE FINANCE CHAIRMAN ☐ Change ☒ Addition
NAME MICHAEL MANAUSA
STREET ADDRESS 3660 LAS BRISAS ST
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lisa Drake LISA DRAKE

2/17/05

893-1425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #