

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000002458 (8)

1. Corporation Name

FLORIDA ASSOCIATION OF CONCERNED TRAFFIC SCHOOLS, INC.

Principal Place of Business

**1145 COURT STREET
CLEARWATER FL 34616
US**

Mailing Address

**1145 COURT STREET
CLEARWATER FL 34616
US**



3. Date Incorporated or Qualified
06/01/1993

3a. Date of Last Report
04/06/1995

2. Principal Place of Business
21 1850 LEE RD

Suite, Apt. #, etc.

22 # 127

City & State

23 WINTER PARK

Zip

24 32789

Country

25 USA

2a. Mailing Address

26 1850 LEE RD

Suite, Apt. #, etc.

27 # 127

City & State

28 WINTER PARK

Zip

29 32789

Country

30 USA

4. FEI Number
59-3169100

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

**ROFFEY, DIANE
1145 COURT STREET
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

**81 Name ROBERT W. PROECHEL
82 Street Address (P.O. Box Number is Not Acceptable) 1850 LEE RD
83 # 127
84 City WINTER PARK FL 85 Zip Code 32789**

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

ROBERT W. PROECHEL

(NOTE: Registered Agent signature required when reinstating)

5-14-96

12. OFFICERS AND DIRECTORS

**TITLE VD
NAME HOLLEY, JOEL R JR
STREET ADDRESS 1725 ART MUSEUM DR
CITY-ST-ZIP JACKSONVILLE FL** ☐ DELETE

**TITLE PD
NAME SEGRETI, JOHN
STREET ADDRESS 6200 COURTNEY CAMPBELL CSWY STE 600
CITY-ST-ZIP TAMPA FL** ☐ DELETE

**TITLE TD
NAME PROECHEL, ROBERT
STREET ADDRESS 1850 LEE ROAD, SUITE 127
CITY-ST-ZIP WINTER PARK FL** ☐ DELETE

**TITLE VD
NAME WEAVER, JACK
STREET ADDRESS 2810 COUNTRYSIDE BLVD #6
CITY-ST-ZIP CLEARWATER FL 34621** ☒ DELETE

**TITLE VD
NAME ROFFEY, DIANE
STREET ADDRESS 1145 COURT ST
CITY-ST-ZIP CLEARWATER FL 34616** ☐ DELETE

**TITLE VD
NAME BERTON, SONIA
STREET ADDRESS 6200 COURTNEY CAMPBELL CSWY SUITE 600
CITY-ST-ZIP TAMPA FL** ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**11 TITLE TS
12 NAME DURELL B PHINIPS
13 STREET ADDRESS 1714 EVANS AVE
14 CITY-ST-ZIP FT. MYERS, FL 33901** ☐ Change ☒ Addition

**21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP** ☐ Change ☐ Addition

**31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP** ☐ Change ☐ Addition

**41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP** ☐ Change ☐ Addition

**51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP** ☐ Change ☐ Addition

**61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP** ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

ROBERT W. PROECHEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT PROECHEL 5/14/96

407 624 1871

Date

Daytime Phone #

CR2E037 (12/95)