


FILE NOW: FILING FEE IS \$61.25

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Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002458 (8)**

1. Corporation Name

FLORIDA ASSOCIATION OF CONCERNED TRAFFIC SCHOOLS, INC.



Principal Place of Business	Mailing Address
1850 LEE RD. #127 WINTER PARK FL 32789 US	1850 LEE RD. #127 WINTER PARK FL 32789 US

3. Date Incorporated or Qualified

06/01/1993

4. FEI Number

59-3169100

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1850 Lee Rd Suite, Apt. #, etc. 22 #305 City & State 23 Winter Park FL Zip 24 32789 Country 25 USA	26 1850 Lee Rd Suite, Apt. #, etc. 27 #305 City & State 28 Winter Park FL Zip 29 32789 Country 30 USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROECHEL, ROBERT W
1850 LEE RD.
#127- #305
WINTER PARK FL 32789

81 Name

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

83

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOLLEY, JOEL R JR	
STREET ADDRESS	1725 ART MUSEUM DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SEGRETI, JOHN	
STREET ADDRESS	6200 GOURTNEY CAMPBELL CSWY STE 000	→
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PROECHEL, ROBERT	
STREET ADDRESS	1850 LEE ROAD, SUITE 127- #305	→
CITY-ST-ZIP	WINTER PARK FL	
TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, DURELL B	
STREET ADDRESS	1714 EVANS AVE.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROFFEY, DIANE	
STREET ADDRESS	1145 COURT ST	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHN SEGRETI	
2.3 STREET ADDRESS	1850 Lee Rd #313	
2.4 CITY-ST-ZIP	Winter Park FL 32789	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	SUITE 305	
3.4 CITY-ST-ZIP		
4.1 TITLE	SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FREDERICK J. WALSH	
4.3 STREET ADDRESS	427 N. PRIMROSE DR.	
4.4 CITY-ST-ZIP	ORLANDO, FL 32803	
5.1 TITLE	VICE PRES/DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HENRY FIUR	
5.3 STREET ADDRESS	13499 BISCAYNE BLVD.	
5.4 CITY-ST-ZIP	NORTH MIAMI, FL 33181	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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

2/5/98

402 628-4811

CR2E037 (10/97)