

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004326

FILED
Apr 27, 2006
Secretary of State

Entity Name: FLORIDA TIME TRAVELERS, INC.

Current Principal Place of Business:

P. O. BOX 190
LAKE MONROE, FL 32747

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 190
LAKE MONROE, FL 32747

New Mailing Address:

FEI Number: 59-3260284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORDENKIRCHER, PAUL
3291 S. SANFORD AVENUE., APT 50
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

JOHNSON, TERRY PRES
5016 FERNCREST DR
WINTER PARK, FL 32792 US

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: TERRY JOHNSON

04/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BORDENKIRCHER, PAUL
Address: 3291 S. SANFORD AVENUE., #50
City-St-Zip: SANFORD, FL 32773

Title: CD () Delete
Name: CARR, EMMETT
Address: 1648 EMERALD GREEN COURT
City-St-Zip: DELTONA, FL 32725

Title: D () Delete
Name: TRULL, BOB
Address: 1670 CLEMATIS LANE
City-St-Zip: WINTER PARK, FL 32792

Title: D (X) Delete
Name: ALLEN, LARRY
Address: 929 OLD WHITE WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D (X) Delete
Name: LOVETT, SAM
Address: P.O. BOX 4125
City-St-Zip: ENTERPRISE, FL 32725

Title: T (X) Delete
Name: DURS, JAMES JR
Address: 71 CATALINA DR.
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: WHEELER, TERRY VP
Address: 587 N. LAKE AVE.
City-St-Zip: APOPKA, FL 32712 US

Title: S (X) Change () Addition
Name: NESTLEROAD, SHERRY S
Address: 1103 STRATHMORE DR
City-St-Zip: ORLANDO, FL 32806 US

Title: T (X) Change () Addition
Name: DURS, JAMES T
Address: 71 CATALINA DR
City-St-Zip: DEBARY, FL 32713 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES DURS

T

04/27/2006

Electronic Signature of Signing Officer or Director

Date