2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004326

Entity Name: FLORIDA TIME TRAVELERS, INC.

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Principal Place of Business:	New Fillicipal Flace of Business:

P. O. BOX 190

LAKE MONROE, FL 32747

Current Mailing Address: New Mailing Address:

P. O. BOX 190

LAKE MONROE, FL 32747

FEI Number: 59-3260284 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHRAFF, ROBERT PRES

134 OAK TREE DRIVE

DEBARY, FL 32713 US

BLAKE, RICK PRES

1001 FEATHER DRIVE

DELTONA, FL 32725 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: RICK BLAKE 04/28/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: VP () Delete Title: VP (X) Change () Addition

 Name:
 BLAKE, RICK VP
 Name:
 WHEELER, TERRY VP

 Address:
 1001FEATHER DRIVE
 Address:
 587 N. LAKE AVE

 City-St-Zip:
 DELTONA, FL 32725 US
 City-St-Zip:
 APOPKA, FL 32703 US

Title: S () Delete Title: () Change () Addition

 Name:
 HESS, LINDA S
 Name:

 Address:
 11 COLOMBA RD
 Address:

 City-St-Zip:
 DEBARY, FL 32713 US
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 DURS, JAMES L T
 Name:

 Address:
 71 CATALINA DR
 Address:

 City-St-Zip:
 DEBARY, FL 32713 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 L DURS T 04/28/2008