

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90031 029 \*\*\*\*61.25

**DOCUMENT # N94000002420**

1. Entity Name

FLORIDA FREE TRADE ZONES ASSOCIATION, INC.



Principal Place of Business

CANAVERAL PORT AUTHORITY  
200 GEORGE KING BLVD  
CAPE CANAVERAL FL 32920  
US

Mailing Address

CANAVERAL PORT AUTHORITY  
PO BOX 267  
CAPE CANAVERAL FL 32920  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1209849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COSSEY, SUSAN A  
CANAVERAL PORT AUTHORITY  
200 GEORGE KING BLVD  
CAPE CANAVERAL FL 32920

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

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, 2004**

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	D	<input type="checkbox"/> Delete
NAME	JACOB, ROBERT	
STREET ADDRESS	1850 ELLER DR	
CITY - ST - ZIP	FORT LAUDERDALE FL 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	COSSEY, SUSAN	
STREET ADDRESS	PO BOX 267, 200 GEORGE KING BLVD	
CITY - ST - ZIP	CAPE CANAVERAL FL 32921	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMALLING, ELAINE	
STREET ADDRESS	14700 TERMINAL BLVD, SUITE 221	
CITY - ST - ZIP	CLEARWATER FL 33762	
TITLE	P	<input type="checkbox"/> Delete
NAME	CLAYTOR, DEBORAH	
STREET ADDRESS	2831 TALLEYRAND AVE.	
CITY - ST - ZIP	JACKSONVILLE FL 32206-3496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Susan A. Cossey* **SUSAN A. COSSEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/2/04*

*321-783-7831x257*

Date

Daytime Phone #