

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90001 025 \*\*\*\*61.25

<b>DOCUMENT # N94000002420</b> 1. Entity Name <b>FLORIDA FREE TRADE ZONES ASSOCIATION, INC.</b>					
Principal Place of Business <b>CANAVERAL PORT AUTHORITY</b> <b>200 GEORGE KING BLVD</b> <b>CAPE CANAVERAL, FL 32920 US</b>			Mailing Address <b>CANAVERAL PORT AUTHORITY</b> <b>PO BOX 267</b> <b>CAPE CANAVERAL, FL 32920 US</b>		
2. Principal Place of Business <b>JACKSONVILLE PORT AUTHORITY</b> Suite, Apt. #, etc. <b>2831 TALLEYRAND AVE</b> City & State <b>JACKSONVILLE, FL</b> Zip <b>32206</b> Country <b>US</b>		3. Mailing Address <b>JACKSONVILLE PORT AUTHORITY</b> Suite, Apt. #, etc. <b>PO BOX 3005</b> City & State <b>JACKSONVILLE, FL</b> Zip <b>32206</b> Country <b>US</b>			
4. FEI Number <b>58-1209849</b>				Chg-NP CR2E037 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>COSSEY, SUSAN A</b> <b>CANAVERAL PORT AUTHORITY</b> <b>200 GEORGE KING BLVD</b> <b>CAPE CANAVERAL, FL 32920</b>			7. Name and Address of New Registered Agent Name <b>DEBORAH CLAYTOR</b> Street Address (P.O. Box Number is Not Acceptable) <b>2831 TALLEYRAND AVE</b> City <b>JACKSONVILLE</b> FL Zip Code <b>32206</b>		
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 <i>Deborah Claytor</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>03/28/05</b> <small>(NOTE: Registered Agent signature required when re-registering)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOB, ROBERT 1850 ELLERDR FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSSEY, SUSAN PO BOX 267, 200 GEORGE KING BLVD CAPE CANAVERAL, FL 32921 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAYTOR, DEBORAH 2831 TALLEYRAND AVE. JACKSONVILLE, FL 322063496 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Susan A. Cossey</i> <b>SUSAN A. COSSEY</b> 3/21/05 321-783-7831 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					