2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400003390

FILED Sep 06, 2006 Secretary of State

Entity Name: MID-COUNTY TRANSPORTATION PLANNING COALITION, INC.

urrent P	rincipal Place of Business:	New Prince	cipal Place of Business:
	M BEACH LAKES BLVD		
)00 'EST PAI	LM BEACH, FL 33401		
urrent M	lailing Address:	New Mail	ing Address:
'00 PALN	M BEACH LAKES BLVD		_
000	LM BEACH, FL 33401		
	·	Number Not App	licable () Certificate of Status Desired ()
accordan	ce with s. 607.193(2)(b), F.S., the corporation did not recei	ve the prior notic	e.
ame and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:
	ERFER, ROBERT P		
	M BEACH LAKES BLVD.		
E. 1000 EST PAI e above	LM BEACH, FL 33401 US named entity submits this statement for the purpos	e of changing	its registered office or registered agent, or bo
E. 1000 EST PAI e above the State	LM BEACH, FL 33401 US named entity submits this statement for the purpose of Florida.	e of changing	its registered office or registered agent, or bo Date
FE. 1000 FEST PAI ne above the State GNATUR	LM BEACH, FL 33401 US named entity submits this statement for the purpose of Florida. RE:		
FE. 1000 FEST PAI ne above the State GNATUR	LM BEACH, FL 33401 US named entity submits this statement for the purpose of Florida. RE: Electronic Signature of Registered Agent		Date NS/CHANGES TO OFFICERS AND DIRECT D (X) Change () Addition KEIHNER, BRUCE W 2810 POLO ISLAND DRIVE, C-104
FE. 1000 FEST PAI THE ABOVE THE STATE FFICERS Ide: THE ME: THE ABOVE THE A	LM BEACH, FL 33401 US named entity submits this statement for the purpose of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: D () Delete KEIHNER, BRUCE W 150 ALHAMBRA CIRCLE SUITE 800	ADDITION Title: Name: Address:	Date NS/CHANGES TO OFFICERS AND DIRECT D (X) Change () Addition KEIHNER, BRUCE W 2810 POLO ISLAND DRIVE, C-104

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: BRUCE W. KEIHNER D 09/06/2006