

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005885

FILED  
Jan 17, 2006  
Secretary of State

Entity Name: FLORIDA ANTI-CAR THEFT COMMITTEE, INC.

**Current Principal Place of Business:**

PO BOX 13047  
TAMPA, FL 33681

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 13047  
TAMPA, FL 33681

**New Mailing Address:**

FEI Number: 65-0554325

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KNIGHT, CHRISTOPHER A COL.  
2900 APALACHEE PARKWAY  
NEIL KIRKMAN BLDG, B461 MS 41  
TALLAHASSEE, FL 323990552 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: KNIGHT, CHRISTOPHER A COL.  
Address: 2900 APALACHEE PKWY, ROOM A437, MS 40  
City-St-Zip: TALLAHASSEE, FL 32399

Title: C ( ) Delete  
Name: TERP, GREG  
Address: 7925 N.W. 12TH STREET, ROOM 301  
City-St-Zip: MIAMI, FL 33126

Title: T ( ) Delete  
Name: WINNEGAR, GEORGE  
Address: 30611 US HIGHWAY 19  
City-St-Zip: PALM HARBOR, FL 34684

Title: D ( ) Delete  
Name: MCCHRISTIAN, LYNNE  
Address: 17200 COMMERCE PARK BLVD  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete  
Name: PELOT, KAREN  
Address: 1030 W. CANTON AVENUE, SUITE 100  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: RIGGI, BUDDY  
Address: 100 SOUTH HUGHEY AVENUE  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: GEORGE WINNEGAR

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01/17/2006

Electronic Signature of Signing Officer or Director

Date