## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Moithfin

Secretary of State DIVISION OF CORPORATIONS

1998

N9500000 3205 DOCUMENT #
1. Corporation Name
C:treus County District ScHool Bus

**FILED** Jun 02 1998 8:00am Secretary of State

DRIVERS ASSOCIATION, INC.				
Principal Place of Business Mailing Address SAME		N593-32-7	3978	
5928 S. Kerley Way	<b>C</b> , -	<ol> <li>Date Incorporated or Qualified</li> </ol>		
Homosassa, Fl. 34446		1. FEI Number	Applied For Not Applicable	
2. Principal Place of Business . 2a. Mailing Address		0-70-70000000	\$8.75 Additional	
26		5. Certificate of Status Desired	Fee Required	
21	and the state of t		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State City & State		7. Is this nonprofit corporation a homeowners association?		
Zip Country Zip	// Country	8. This corporation owes or has paid the c	urrent year Intangible	
21p Country 21g 3444	6 30 Citrus	Personal Property Tax due June 30.	☐ Yes 🔏 Ño	
9. Name and Address of Current Registered Agent	81 Name	10. Name and Address of New Registered	d Agent	
EmilyElook				
Emily E, Cook 5928 5 Kereley WAY  62 Street Addi		ddress (P.O. Box Number is Not Acceptable)		
5928 S. Kerejey WAY				
HOMOSASEA, Fl. 34446	83			
MOMOSAL, IL OFFE	84 City	F	85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida 5	Statutes the should named a	erecetion submits this statement for the purpose		
office or registered agent, or both, in the State of Florida, Such change agent. I am familiar with, and accept the obligations of, Section 617.050	was authorized by the corpo	eation's board of directors. I hereby accept the ap	pointment as registered	
SIGNATURE				
Signature, typed or printed nanc of registered agent and title if applicable  12. OF FICERS AND DIRECTORS	(NOTE: Registered Agent signature /6	equired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AN	JD DIRECTORS IN 12	
TITLE PRESIDENT -DI DELET		ADDITIONS/CHANGES TO OF ICEAS A	Change Addition	
NAME Emily Cook E.	1.2 NAME			
STREET ADDRESS 5928 3. Kerley WAY	1.3 STREET ADDRESS		8	
DITY-ST-ZIP HOMO SASSA, F1. 34448	1 4 CITY - ST - ZIP		.	
TITLE Vice President . D. DELET		1, cie Pees	Change    Addition	
NAME ElizabetH HART			•	
STREET ADDRESS A	2.3 STREET ADDRESS 🗸	TeditH M. BARNOS 1846 W. MAIN St.		
CITY-ST-ZIP BEVERLY H.113; FT. 34448  TITLE SERVETARY -D	2 4 C/TY-ST-ZIP	OMO SASSA, FL BALLS		
THE SERVETURY -D DELET		500.	Change	
NAME ID PAR		DANIEL MORAden		
STREET ADDRESS A BAY 36/7	3 3 STREET ADDRESS	9.000 538 N/A		
CITY-SI-ZIF ZIEMO SXISSH FI. CFF	3.4. CITY-ST-ZIP	10m05A58A, 241188441	<b>AT</b> (	
TREASUROR D DELET	4.1 IIILE	1000 538 A. SPILBYYY) TRES. PARLONE OTTENBAKOR 37985 S. Deland Way	Change Addition	
NAME Ted. TH M. BARNES	4. Z NAME	ARIONE S. Deland WAY	1/2/1	
STREET ADDRESS 10846 W. MAIN ST.	4.3 STREET ADDRESS	EMOSASSA FL. SXXXX	11/0/0	
CITY-ST-ZIP HOMOSASON, \$1. 34448	4.4 GITT-31-ZIF	OMOSASSA, Fl. 34448	Change D'Addition	
NAME	5.2 NAME		— ondingo — nudition	
STREET ADDRESS	5.3 STREET ADDRESS		i	
CITY-SI-ZIP	54 CHY-ST-ZIP			
TITLE DELET		0000025453	Dange Addition	
NAME	6.2 NAME	-06/03/9801023	015	
STREET ADDRESS	6.3 STREET ADDRESS	***61.25	·	
CITY-ST-2IP	6.4 CITY - ST - ZIP			
14. I becar cartify that the information supplied with this filing done not out		in Section 110 07/3/(i) Florida Statutos I further o	portify that the information	

reflect commencer information supplied with an simily does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Florither certify that the information indicated on this annual report or suppliemental annual 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 12 or Block 13 if changed, or on an attachment with an address.