

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N97000002298**

1. Entity Name  
**PROFESSIONAL TRANSIT ASSOCIATION, INC.**



Principal Place of Business  
**9673 SIBBALD RD  
JACKSONVILLE, FL 32208**

Mailing Address  
**9673 SIBBALD RD  
JACKSONVILLE, FL 32208**



04162007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3520941</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RILEY, JAMES  
5005 DALLEN LEA DR  
JACKSONVILLE, FL 32208**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000730624

05/08/07 00006 023 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, JAMES 5005 DALLEN LEA DR JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GADD, CHARLES 3840 SPRINGFIELD BLVD JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, WALLACE 2486 W 23RD ST JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GADD, CHARLES 3840 SPRINGFIELD BLVD JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR JEFFERSON, ALVIN 1072 SCRIVEN ST JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOYNER, BARBARA 9673 SIBBALD RD JACKSONVILLE, FL 32208

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 21, 2007*

Date

Daytime Phone #

*(904) 537-9166*