

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 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**



04012008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3520941	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000901250
04/29/08-80061-010 61.25

10. OFFICERS AND DIRECTORS

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

Date

Daytime Phone #

4-11-08