

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002298

FILED  
May 08, 2009  
Secretary of State

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

**Current Principal Place of Business:**

9673 SIBBALD RD  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

9673 SIBBALD RD  
JACKSONVILLE, FL 32208

**New Mailing Address:**

**FEI Number:** 59-3520941      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

RILEY, JAMES  
5005 DALLEN LEA DR  
JACKSONVILLE, FL 32208      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: D      ( ) Delete  
Name: RILEY, JAMES  
Address: 5005 DALLEN LEA DR  
City-St-Zip: JACKSONVILLE, FL 32208

Title: T      ( ) Delete  
Name: GADD, CHARLES  
Address: 3840 SPRINGFIELD BLVD  
City-St-Zip: JACKSONVILLE, FL 32206

Title: D      ( ) Delete  
Name: DAVIS, WALLACE  
Address: 2486 W 23RD ST  
City-St-Zip: JACKSONVILLE, FL 32209

Title: T      ( ) Delete  
Name: GADD, CHARLES  
Address: 3840 SPRINGFIELD BLVD  
City-St-Zip: JACKSONVILLE, FL 32206

Title: TR      ( ) Delete  
Name: JEFFERSON, ALVIN  
Address: 1072 SCRIVEN ST  
City-St-Zip: JACKSONVILLE, FL 32209

Title: S      ( ) Delete  
Name: JOYNER, BARBARA  
Address: 9673 SIBBALD RD  
City-St-Zip: JACKSONVILLE, FL 32208

**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 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: BARBARA JOYNER

S

05/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date