

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000003717
 1. Entity Name
 TRANSPORTATION AND EXPRESSWAY AUTHORITY
 MEMBERSHIP OF FLORIDA (TEAMFL), INC.



Principal Place of Business 2121 CAMDEN ROAD SUITE B ORLANDO, FL 32803 US	Mailing Address 2121 CAMDEN ROAD SUITE B ORLANDO, FL 32803 US
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3461164	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HARTNETT, ROBERT C
 2121 CAMDEN ROAD
 SUITE B
 ORLANDO, FL 32803

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1000000183608
 01/19/05-80070-023 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICH, A. WAYNE P O BOX 1911 N/A ORLANDO, FL 32802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBS, TOM 711 N SHERRILL TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELY, JAMES PO BOX 613069 OCOOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTNETT, ROBERT C 2121 CAMDEN RD SUITE B ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert C. Hartnett x Robert C. Hartnett 1-12-05 407-896-0035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #