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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000006546

1. Corporation Name

CENTRAL FLORIDA CITIZENS FOR PUBLIC TRANSPORTATION, INC.

Principal Place of Business

37 N ORANGE AVE. SUITE 200
ORLANDO FL 32801

Mailing Address

37 N ORANGE AVE. SUITE 200
ORLANDO FL 32801



2. Principal Place of Business

21 111 N. Orange Avenue

2a. Mailing Address

26 111 N. Orange Avenue

3. Date Incorporated or Qualified

11/18/1998

Suite, Apt. #, etc.

22 Suite 1750

Suite, Apt. #, etc.

27 Suite 1750

4. FEI Number
59-3546295

Applied For
Not Applicable

City & State

23 Orlando, FL.

City & State

28 Orlando, FL.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

24 32801

Country

25 USA

Zip

29 32801

Country

30 USA

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FISHER, MARK F
37 N ORANGE AVE, SUITE 200
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name Mark F. Fisher

82 Street Address (P.O. Box Number is Not Acceptable)
111 N. Orange Avenue

83 Suite 1750

84 City Orlando

FL

85 Zip Code 32801

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☐ Addition

1.2 NAME Haitham M. Deek

1.3 STREET ADDRESS P.O. Box 162450

1.4 CITY-ST-ZIP Orlando, FL. 32816-2450

2.1 TITLE Director ☐ Change ☐ Addition

2.2 NAME Mark F. Fisher

2.3 STREET ADDRESS 111 N. Orange Avenue, Suite 1750

2.4 CITY-ST-ZIP Orlando, FL. 32801

3.1 TITLE Director ☐ Change ☐ Addition

3.2 NAME Sibille Pritchard

3.3 STREET ADDRESS 401 W. Colonial Avenue, Suite #7

3.4 CITY-ST-ZIP Orlando, FL. 32804

4.1 TITLE Director ☐ Change ☐ Addition

4.2 NAME James Brown

4.3 STREET ADDRESS P.O. Box 547369

4.4 CITY-ST-ZIP Orlando, FL. 32854

5.1 TITLE Director ☐ Change ☐ Addition

5.2 NAME John Puhek

5.3 STREET ADDRESS P.O. Box 555837 MP-33

5.4 CITY-ST-ZIP Orlando, FL. 32855-5837

6.1 TITLE Director ☐ Change ☐ Addition

6.2 NAME Pat Christenson

6.3 STREET ADDRESS P.O. Box 231

6.4 CITY-ST-ZIP Orlando, FL. 32802-0231

14. 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 annual report or supplemental 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Mark F. Fisher 1/19/99

Date

Daytime Phone #

(407) 246-1535

CR2E037 (1/198)