

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003623

FILED
Jul 11, 2005
Secretary of State

Entity Name: FLORIDA HIGHWAY PATROL ADVISORY COUNCIL, INC.

Current Principal Place of Business:

2900 APALACHEE PKWY
ROOM A-437
TALLAHASSEE, FL 32399 US

New Principal Place of Business:

Current Mailing Address:

2900 APALACHEE PKWY
ROOM A-437
TALLAHASSEE, FL 32399 US

New Mailing Address:

FEI Number: 59-3633580 **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:

Name and Address of New Registered Agent:

CHAPMAN, JUDSON M
DEPT. OF HWY. SAFETY & MOTOR VEHICLES
NEIL KIRKMAN BLDG., RM. 432
TALLAHASSEE, FL 323990500 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUSSAKIS, JIM G
Address: 8801 INDIRO ROAD
City-St-Zip: FORT PIERCE, FL 34951

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: GONZMART, RICHARD
Address: 2025 EAST 7TH AVE
City-St-Zip: TAMPA, FL 33605

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Delete
Name: PFORTE, ROBERT (BOB)
Address: 2458 HERITAGE ROAD
City-St-Zip: MARIANNA, FL 32447

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: REYES-DIAZ, ELIZABETH
Address: 6100 BLUE LAGOON DRIVE STE 140
City-St-Zip: MIAMI, FL 33126

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: STEIN, MICHAEL
Address: 1 BISCAYNE TOWER STE 1470
City-St-Zip: MIAMI, FL 33131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Delete
Name: MCKENZIE, W G JR
Address: 1420 GOLF TERRACE
City-St-Zip: TALLAHASSEE, FL 32447

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VERNON D. SMITH

D

07/11/2005

Electronic Signature of Signing Officer or Director

Date