

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 21, 2004 8:00 am
Secretary of State

06-21-2004 90003 027 ****61.25

DOCUMENT # 714383
 1. Entity Name
FLORIDA EAST COAST CHAPTER OF THE ASSOCIATED GENERAL CONTRACTORS OF AMERICA, INC.



Principal Place of Business Mailing Address
2617 AUSTRALIAN AVENUE WEST PALM BEACH FL 33407 US **2617 N AUSTRALIAN AVE. WEST PALM BEACH FL 33407 US**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03000173

 MOORE CR2E037 (11/03)
 4. FEI Number **59-0600117** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ALEXANDER, BRUCE
515 N. FLAGLER DR.
19TH FLR
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GLADWIN, SKIP OR RF <input type="checkbox"/> Delete 11900 SE SHELL AVE HOBE SOUND FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LEIGHTON, KENT <input checked="" type="checkbox"/> Delete 8049 MONTARY DR., STE D-1 RIVERA BEACH FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD FEDELE, JAMES <input checked="" type="checkbox"/> Delete 4300 OAK CIRCLE BOCA RATON FL 33431-4208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VCD HENNINGS, GARY <input type="checkbox"/> Delete 560 VILLAGE BLVD #120 WEST PALM BEACH FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hennings, Gary 560 Village Blvd. #120 West Palm Beach, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Craig Elmore 2101 S. Congress Ave. Delray Beach, FL 33495
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Andrea Serrano 1300 S 3rd St West Palm Beach, FL 33407

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:  **GARY L. HENNINGS** **6/17/04** **561-667-4816**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #