2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003648

LAFLEUR, RÈNEE

LAKE MARY, FL 32795

PO BOX 952408

Name:

Address: City-St-Zip:

Entity Name: MID-FLORIDA LOCAL #7138 APWILLING

FILED Jul 06, 2006 Secretary of State

Littly Na	IIIE. WID-I LORIDA LOCAL #7 138 AF VVC	, INC.		
Current P	rincipal Place of Business:	New Principal Place of Bu	New Principal Place of Business:	
	HART ROAD RY, FL 32799			
Current N	lailing Address:	New Mailing Address:	New Mailing Address:	
PO BOX 952408 LAKE MARY, FL 32795		PO BOX 952408 LAKE MARY, FL 32795		
In accordan	: 59-3155696 FEI Number Applied For() ice with s. 607.193(2)(b), F.S., the corporation d I Address of Current Registered Agent	d not receive the prior notice.	ertificate of Status Desired() v Registered Agent:	
941 FOUR	ATE CREATIONS ENTERPRISES, INC. RTH STREET #200 ACH, FL 33139 US			
	e named entity submits this statement for t e of Florida.	ne purpose of changing its registered offic	ee or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered	Agent	Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO	O OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Delete RHODEN, LEESA PO BOX 952408 LAKE MARY, FL 32795	Title: () Ch Name: Address: City-St-Zip:	nange () Addition	
Title: Name: Address: City-St-Zip:	T () Delete FRASER, KEVIN PO BOX 952408 LAKE MARY, FL 32795	Title: () Ch Name: Address: City-St-Zip:	nange ()Addition	
Title: Name: Address: City-St-Zip:	D () Delete SCUDERO, STEVE PO BOX 952408 LAKE MARY, FL 32795	Title: () Ch Name: Address: City-St-Zip:	nange ()Addition	
Title: Name: Address: City-St-Zip:	D () Delete SPADE, ROSEMARY PO BOX 952408 LAKE MARY, FL 32795	Title: () Ch Name: Address: City-St-Zip:	nange()Addition	
Title:	D () Delete	Title: () Ch	nange()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: KEVIN FRASER T 07/06/2006