

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006079

FILED
Apr 11, 2007
Secretary of State

Entity Name: DESIGN-BUILD INSTITUTE OF AMERICA - FLORIDA CHAPTER, INC.

Current Principal Place of Business:

PO BOX 781172
ORLANDO, FL 32828

New Principal Place of Business:

1524 ANNA CATHERINE DR.
ORLANDO, FL 32828

Current Mailing Address:

PO BOX 781172
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 59-3734951 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, KAREN
1524 ANNA CATHERINE DRIVE
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: GIACHINO, JOHN
Address: 320 EAST SOUTH STREET
City-St-Zip: ORLANDO, FL 32801

Title: SD () Delete
Name: ALCORN, RUSS
Address: 6280 HAZELTINE NATIONAL DRIVE
City-St-Zip: ORLANDO, FL 32822

Title: VPD () Delete
Name: MULLEN, PATRICK
Address: 490 SAWGRASS CORPORATE PKWY.
City-St-Zip: SUNRISE, FL 33325

Title: TR () Delete
Name: WALSH, BRIAN
Address: 585 TECHNOLOGY PARK
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MULLEN, PATRICK
Address: 490 SAWGRASS CORPORATE PKWY
City-St-Zip: SUNRISE, FL 33325

Title: SD (X) Change () Addition
Name: EDWARDS, BONNY
Address: 6280 HAZELTINE NATIONAL DRIVE
City-St-Zip: ORLANDO, FL 32822

Title: VPD (X) Change () Addition
Name: DONNELLY, TOM
Address: 110 CARILLON PARKWAY
City-St-Zip: ST. PETERSBURG, FL 33716

Title: TR (X) Change () Addition
Name: BARBER, JIMMY
Address: 111 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 33716

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.

SIGNATURE: PATRICK MULLEN

PRES

04/11/2007

Electronic Signature of Signing Officer or Director

Date