

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03080

(1)

1. Corporation Name

FLORIDA CENTRAL WEST COAST CHAPTER OF THE SOUTHERN BUILDING CODE CONGRESS INTERNATIONAL, INCORPORATED



Principal Place of Business

6081 64 AVE. N.
PINELLAS PARK FL 34665
US

Mailing Address

6081 64TH AVE N.
PINELLAS PARK FL 34665
US

3. Date Incorporated or Qualified
05/15/1984

3a. Date of Last Report
02/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUSTAFSON, MICHAEL B

6081 64 AVE., N.
PINELLAS PARK FL 34665

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Michael B. Gustafson

DATE

6-17-96

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME GUSTAFSON, MICHAEL

STREET ADDRESS 6081 64 AVE., N.
CITY-ST-ZIP PINELLAS PARK FL

TITLE ☐ DELETE

NAME GULLO, DENNIS

STREET ADDRESS 737 LOUDEN ST.
CITY-ST-ZIP DUNEDIN FL

TITLE ☐ DELETE

NAME SPARKS, JERRY

STREET ADDRESS 6051 78TH AVE. N.
CITY-ST-ZIP PINELLAS PARK FL 33466-5

TITLE ☐ DELETE

NAME MICHAEL WICHMAN

STREET ADDRESS 305 1ST AVE SW
CITY-ST-ZIP LARGO FL 34640

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Michael J. Wichman* TREASURER

5-29-96

813-587-6712 x7102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)