

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 28, 2004 8:00 am
Secretary of State

09-28-2004 90001 026 ****61.25

DOCUMENT # N03080

1. Entity Name
**FLORIDA CENTRAL WEST COAST CHAPTER OF THE
SOUTHERN BUILDING CODE CONGRESS
INTERNATIONAL, INCORPO**



Principal Place of Business
**CITY OF PINELLAS PARK
P.O. BOX 1100
PINELLAS PARK, FL 33780 US**

Mailing Address
**6051 78 AVENUE
PINELLAS PARK, FL 33781 US**

54073544



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
2041 Overview Dr.
Suite, Apt. #, etc.

09242004 Chg-NP CR2E037 (10/03)

City & State
New Port Richey FL

4. FEI Number
65-0204765

Applied For
Not Applicable

Zip
34655

Country
Pasco

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GUSTAFSON, MICHAEL B
6051 78 AVENUE
PINELLAS PARK, FL 33781**

7. Name and Address of New Registered Agent

Name
Timothy J. Moore

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

2041 Overview Dr.

City
New Port Richey FL Zip Code
34655

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

TIMOTHY J. MOORE
TREASURER

9/20/04

**Filing Fee is \$61.25
Due by September 8, 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	PD DI PASQUA, JOSEPH 324 E PINE ST. TARPON SPRINGS, FL 34689	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GUSTAFSON, MICHAEL 6057 78TH AVE. PINELLAS PARK, FL 33781	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MURPHY, PATRICK F 6051 78TH AVE PINELLAS PARK, FL 33781	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD D'ANDREA, NICK 1400 NORTH BLVD TAMPA, FL 33607	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPRES MURPHY, PATRICK D 6051 78th Ave. N. Pinellas Park FL33781	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES MOORE, TIMOTHY J. D 2041 OVERVIEW DR. NEW PORT RICHEY FL 34655	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC. FORD, DAVID D P.O. BOX 1110 TAMPA FL 33601	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/20/04