

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005659

FILED
Jan 19, 2009
Secretary of State

Entity Name: TRI-COUNTY ROOFING CONTRACTORS ASSOCIATION, INC.

Current Principal Place of Business:

4410 MAIN AVE.
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

4410 MAIN AVE
LAKELAND, FL 33801

New Mailing Address:

P.O. BOX 1692
EATON PARK, FL 33840

FEI Number: 26-0294282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPRINGER, ROBERT
4410 MAINE AVE
LAKELAND, FL 33801 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: SPRINGER, ROBERT
Address: 4410 MAINE AVE
City-St-Zip: LAKELAND, FL 33801

Title: VD (X) Delete
Name: LUSA, JOE
Address: 4410 MAINE AVE
City-St-Zip: LAKELAND, FL 33801

Title: TD (X) Delete
Name: KING, LINDSAY
Address: 4410 MAINE AVE
City-St-Zip: LAKELAND, FL 33801

Title: SD (X) Delete
Name: BOWEN, BRAD IV
Address: 4410 MAINE AVE
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LINDSAY H. KING

MRS.

01/19/2009

Electronic Signature of Signing Officer or Director

Date