

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2009
Secretary of State**

DOCUMENT# N31304

Entity Name: ALUMINUM ASSOCIATION OF FLORIDA, BREVARD CHAPTER, INC.

Current Principal Place of Business:

3165 MCCRORY PLACE
STE 185
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

3165 MCCRORY PLACE
STE 185
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-3147059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLASSE, WANDA
3165 MCCRORY PLACE
SUITE 185
ORLANDO, FL 32803 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: D () Delete
Name: CLASSE, WANDA
Address: 3165 MCCRORY PLACE SUITE 185
City-St-Zip: ORLANDO, FL 32804

Title: PD () Delete
Name: EADES, JAMES
Address: 1870 HUNTINGTON LN
City-St-Zip: ROCKLEDGE, FL 32955

Title: VD () Delete
Name: TRIPOLT, VINCENT
Address: 6951 VICKIE CIR
City-St-Zip: MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M (X) Change () Addition
Name: CLASSE, WANDA
Address: 3165 MCCRORY PLACE SUITE 185
City-St-Zip: ORLANDO, FL 32804

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: WANDA CLASSE

M

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date