

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90023 005 ****61.25

DOCUMENT # 700919	
1. Entity Name FLORIDA APPRENTICESHIP CONFERENCE, INC.	

Principal Place of Business 5437 CASSIDY ROAD JACKSONVILLE, FL 32254 US	Mailing Address 5437 CASSIDY ROAD JACKSONVILLE, FL 32254 US
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54010996



2. Principal Place of Business 489 STEVENS STREET	3. Mailing Address 489 STEVENS STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02232004 Chg-NP CR2E037 (10/03)

City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32254	Country USA

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
THOMAS, JERRY M 5437 CASSIDY RD JACKSONVILLE, FL 32254	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 489 STEVENS ST.	
JACKSONVILLE, FL 32254	
City FL	Zip Code

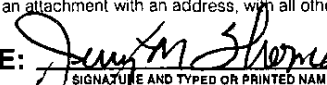
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD SULLIVAN JR., JAMES M. 2738 N. FORSYTH RD. WINTER PARK, FL 32792 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THOMAS, JERRY M 5437 CASSIDY RD JACKSONVILLE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 489 STEVENS ST. JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC COPPRSMITH, ROBERT 2103 W CASS ST WEST PALM BEACH, FL 33406 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST BELL, DONALD E 4000 UNION HALL PLACE JACKSONVILLE, FL 32205 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: 	JERRY M. THOMAS	2/23/04	904/781-2112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #