


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90047 004 ****61.25

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| DOCUMENT # 700919 | | | |  | |
| 1. Entity Name FLORIDA APPRENTICESHIP CONFERENCE, INC. | | | | | |
| Principal Place of Business 489 STEVENS STREET JACKSONVILLE, FL 32254 US | | | Mailing Address 489 STEVENS STREET JACKSONVILLE, FL 32254 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 03212007 Chg-NP CR2E037 (12/06) | |
| 6. Name and Address of Current Registered Agent | | | | 4. FEI Number NOT APPLICABLE | |
| THOMAS, JERRY M 489 STEVENS ST. JACKSONVILLE, FL 32254 | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of New Registered Agent | | | | | |
| Name | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | VCD | <input type="checkbox"/> Delete | TITLE | VC | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SULLIVAN JR., JAMES M. | | NAME | Schaunaman, Mark | |
| STREET ADDRESS | 2738 N. FORSYTH RD. | | STREET ADDRESS | 1425 N.W. 36 St. | |
| CITY-ST-ZIP | WINTER PARK, FL 32792 | | CITY-ST-ZIP | Miami, FL 33142 | |
| TITLE | STD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMAS, JERRY M | | NAME | | |
| STREET ADDRESS | 489 STEVENS ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32254 | | CITY-ST-ZIP | | |
| TITLE | VC | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COPPRSMITH, ROBERT | | NAME | | |
| STREET ADDRESS | 2103 W CASS ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33406 | | CITY-ST-ZIP | | |
| TITLE | AST | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICHARDSON, GEORGE | | NAME | | |
| STREET ADDRESS | 6535 TRADE CENTER DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32254 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Jerry M. Thomas</i> Jerry M. Thomas | | | 3/21/07 | | 904/781-2112 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> | | <small>Daytime Phone #</small> |