

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700919

FILED
Feb 27, 2009
Secretary of State

Entity Name: FLORIDA APPRENTICESHIP CONFERENCE, INC.

Current Principal Place of Business:

489 STEVENS STREET
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

Current Mailing Address:

489 STEVENS STREET
JACKSONVILLE, FL 32254 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, JERRY M
489 STEVENS ST.
JACKSONVILLE, FL 32254 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: VCD () Delete
Name: SULLIVAN JR., JAMES M.
Address: 2738 N. FORSYTH RD.
City-St-Zip: WINTER PARK, FL 32792

Title: STD () Delete
Name: THOMAS, JERRY M
Address: 489 STEVENS ST.
City-St-Zip: JACKSONVILLE, FL 32254

Title: VC () Delete
Name: SCHAUNAMAN, MARK
Address: 1425 NW 36TH STREET
City-St-Zip: MIAMI, FL 33142

Title: AST () Delete
Name: RICHARDSON, GEORGE
Address: 6535 TRADE CENTER DR
City-St-Zip: JACKSONVILLE, FL 32254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VC (X) Change () Addition
Name: KEENE, BILL
Address: 1800 LONGWOOD ROAD
City-St-Zip: WEST PALM BEACH, FL 33409

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: JERRY M. THOMAS

STD

02/27/2009

Electronic Signature of Signing Officer or Director

_____ Date