

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90071 050 ****61.25

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DOCUMENT # 704141

1. Corporation Name

AMERICAN INSTITUTE OF BUILDING DESIGN, FLORIDA SOCIETY, F.R.D.A., INC.

Principal Place of Business

3500 FINCH DR
MELBOURNE FL 32935
US

Mailing Address

3500 FINCH DR
MELBOURNE FL 32935
US

194063 - 90071 - 00



2. Principal Place of Business

21 Suite, Apt. #, etc.
22 **973 N. Harbor City Blvd**
23 **Melbourne FL**

2a. Mailing Address

26 Suite, Apt. #, etc.
27 **P.O. Box 361224**
28 **Melbourne FL**

3. Date Incorporated or Qualified

06/08/1962

4. FEI Number

65-0039975

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

KNICK, BARBARA
3500 FINCH DR
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

973 N. Harbor City Blvd

83

84 City

Melbourne

FL

85 Zip Code
32936

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Barbara Knick, Treasurer**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/22/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **MOREY, TODD**
STREET ADDRESS **1016 N CLEMONS ST #206**
CITY-ST-ZIP **JUPITER FL 33477**

TITLE **VD** ☐ DELETE
NAME **FOUGHT, JOHN**
STREET ADDRESS **14227 PUFFIN CT**
CITY-ST-ZIP **CLEARWATER FL 34622**

TITLE **SD** ☐ DELETE
NAME **MICKLEY, STEVEN**
STREET ADDRESS **6223 HEATHER ST**
CITY-ST-ZIP **PALM BCH GDNS FL 33418**

TITLE **TD** ☐ DELETE
NAME **KNICK, BARBARA**
STREET ADDRESS **3500 FINCH DR**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

973 N. Harbor City Blvd

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara Knick, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99 407-253-3500
Date Daytime Phone #

CR2E037 (11/98)