

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90096 011 ****61.25

54060475



07062004 Chg-NP CR2E037 (10/03)

DOCUMENT # 704141 1. Entity Name AMERICAN INSTITUTE OF BUILDING DESIGN, FLORIDA SOCIETY, F.R.D.A., INC.			
Principal Place of Business 1375 SIRECCO ST. FORT MYERS, FL 33919		Mailing Address 1375 SIRECCO ST. FORT MYERS, FL 33919	
2. Principal Place of Business 1015 E. SEMORAN BLVD. Suite, Apt. #, etc. SUITE 217 City & State CASSEL BERRY, FL Zip 32707 Country SEMD01P		3. Mailing Address 1015 E. SEMORAN BLVD. Suite, Apt. #, etc. SUITE 217 City & State CASSEL BERRY, FL Zip 32707 Country SEMD01P	
4. FEI Number 65-0039975		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAWRENCE, N.A. 1375 SIROCCO ST FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Name JAMES M. HOLLAND Street Address (P.O. Box Number is Not Acceptable) 1015 E. SEMORAN BLVD SUITE 217 City CASSEL BERRY FL Zip Code 32707	
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 James M. Holland DATE 7/6/04 <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 September 8, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP DP KNICK, BARBARA 973 N HARBOR CITY BLVD CENTURY, FL 32535	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DP BEAUMONT, ALLEN S. WESTMONTE DR, STE 210 ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DVP BEAUMONT, ALLEN S. WESTMONTE DR. STE. 210 ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DVP KEESE, MIKE 945 S. ORANGE BLOSSOM TRAIL APOPKA, FL 32703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DSD LAWRENCE, BUD 1375 SIROCCO STREET FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DSD BRICKER, TIMOTHY 89 NORTH BAY HARBOR KEY LARGO, FL 33037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DTD KEESE, MIKE PO BOX 160429 ALTAMONTE SPRINGS, FL 32716	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DTD HOLLAND, JAMES 1015 E. SEMORAN BLVD, STE 217 CASSEL BERRY, FL 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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: JAMES M. HOLLAND		Date 7/6/04 Daytime Phone # 407-678-8700	