

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90010 031 ****70.00

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DOCUMENT # 704141 1. Entity Name AMERICAN INSTITUTE OF BUILDING DESIGN, FLORIDA SOCIETY, F.R.D.A., INC.					
Principal Place of Business 1015 E. SEMORAN BLVD - SUITE 217 CASSELBERRY, FL 32707			Mailing Address 1015 E. SEMORAN BLVD - SUITE 217 CASSELBERRY, FL 32707		
2. Principal Place of Business 7324 Otter Creek Drive Suite, Apt. #, etc.		3. Mailing Address 7324 Otter Creek Drive Suite, Apt. #, etc.			
City & State New Port Richey, FL Zip 34655 Country USA		City & State New Port Richey, FL Zip 34655 Country USA		4. FEI Number 65-0039975	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HOLLAND, JAMES M 1015 E. SEMORAN BLVD - SUITE 217 CASSELBERRY, FL 32707			7. Name and Address of New Registered Agent Name Robert A. Murphy Street Address (P.O. Box Number is Not Acceptable) 7324 Otter Creek Drive City New Port Richey FL Zip Code 34655		
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 <small>Signature, typed or printed name of registered agent and not applicable.</small>			DATE 2/10/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$81.25 Due by May 1, 2006		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	DTD HOLLAND, JAMES 1015 E. SEMORAN BLVD, STE. 217 CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP President Bricker, Timothy J. 89 North Bay Harbor Key Largo, FL 33037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEAUMONT, ALLEN S. WESTMONTE DR. STE. 210 ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Vice President Holland, James M. 1015 E. State Rd. 436, Suite 217 Casselberry, FL 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSD BRICKER, TIMOTHY 89 NORTH BAY HARBOR KEY LARGO, FL 33037	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Pillsbury, David A. 1956 Japonica Road Winter, Park FL 32792	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KEESE, MIKE PO BOX 160429 ALTAMONTE SPRINGS, FL 32716	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Murphy, Robert A. 7324 Otter Creek Drive New Port Richey, FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 2/10/06 DAYTIME PHONE # 727-945-7524		