2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 704141

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

Current Principal Place of Business:

7324 OTTER CK DR
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

7324 OTTER CK DR
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number: 20-8991156 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MURPHY, ROBERT A
7324 OTTER CK DR
NEW PORT RICHEY, FL 34655 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: DP ( ) Delete
Name: HOLLAND, JAMES M
Address: 295 ANCHOR ROAD
City-St-Zip: CASSELBERRY, FL 32707

Title: DVP ( ) Delete
Name: PILLSBURY, DAVID A
Address: 1956 JAPONICA RD
City-St-Zip: WINTER PARK, FL 32792

Title: S ( ) Delete
Name: MEYER, CRAIG L
Address: 5800 HIGGINBOTHAM ROAD
City-St-Zip: FT. MYERS, FL 33905

Title: T ( ) Delete
Name: MURPHY, ROBERT A
Address: 7324 OTTER CK DR
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ROBERT A. MURPHY T 04/30/2009

Electronic Signature of Signing Officer or Director — Date