2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707349

Aug 12, 2005 Secretary of State

Entity Name: FLORIDA GULF COAST CHAPTER, INC., THE AMERICAN INSTITUTE OF ARCHITECTS

Current Principal Place of Business: New Principal Place of Business:

P O BOX 48986

SARASOTA, FL 342302986 US

Current Mailing Address: New Mailing Address:

PO BOX 48986

SARASOTA, FL 342302986 US

FEI Number: 65-0137706 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KUYKENDALL, CHARLES E KUYKENDALL, CHARLES E 227 CENTRAL AVE 323 CENTRAL AVE SARASOTA, FL 34236 US SARASOTA, FL 34236 US

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: 08/12/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete CARLSON, MICHAEL R A/A EPSTEIN, MICHAEL L AIA Name: Name:

Address: 330 S PINEAPPLE AVE #204 Address: 325 CENTRAL AVENUE City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34236

(X) Change () Addition Title: () Delete Title: Name: YEOMANS, TODD A Name: BOWEN, JAMES W

Address: 5032 MINORGA Address: 315 CENTRAL AVENUE City-St-Zip: SARASOTA, FL 34242 City-St-Zip: SARASOTA, FL 34236

Title: VΡ () Delete Title: (X) Change () Addition BOWEN, JAMES W SPARKMAN, JERRY Name: Name:

513 CENTRAL AVE Address:

2051 MAIN STREET - SUITE 119 Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34236

Title: SD () Delete Title: () Change () Addition

Name: HOLLADAY, SAMUEL Name: 325 CENTRAL AVE Address: Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL LEE EPSTEIN Т 08/12/2005