

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709587

FILED
Jan 16, 2009
Secretary of State

Entity Name: FLORIDA CHAPTER, ARCHITECTURAL WOODWORK INSTITUTE, INC.

Current Principal Place of Business:

5402 E. HANNA AVENUE
TAMPA, FL 33610 US

New Principal Place of Business:

Current Mailing Address:

P, O. BOX 82053
TAMPA, FL 33682 US

New Mailing Address:

FEI Number: 59-6179156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THIBAudeau, DAVID
4801 SW 126 AVE
SOUTHWEST RANCHES, FL 33330 US

Name and Address of New Registered Agent:

THORNBERG, PHYLLIS M
216 WEST MOHAWK AVENUE
TAMPA, FL 33604 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: PHYLLIS M. THORNBERG

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THIBAudeau, DAVID
Address: 4801 SW 126 AVE
City-St-Zip: S.W. RANCHES, FL 33330

Title: VP () Delete
Name: ADAMS, ETHAN
Address: 23495 LARK AVE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: S () Delete
Name: SABETTA, RON
Address: 14208 NW 61ST LANE
City-St-Zip: GAINESVILLE, FL 32653

Title: T () Delete
Name: THORNBERG, PHYLLIS
Address: 216 WEST MOHAWK AVE
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ADAMS, ETHAN M
Address: 9300 SW FORT WINDER STREET
City-St-Zip: ARCADIA, FL 34269

Title: VP (X) Change () Addition
Name: THORNBERG, PHYLLIS M
Address: 216 WEST MOHAWK AVENUE
City-St-Zip: TAMPA, FL 33604

Title: S (X) Change () Addition
Name: UNGERBUEHLER, STEPHEN
Address: 201 SW 62ND TERRACE
City-St-Zip: PLANTATION, FL 33317

Title: T (X) Change () Addition
Name: THORNBERG, PHYLLIS M
Address: 216 WEST MOHAWK AVENUE
City-St-Zip: TAMPA, FL 33604

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: PHYLLIS M. THORNBERG

VP

01/16/2009

Electronic Signature of Signing Officer or Director

Date