

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 04, 2009
Secretary of State**

DOCUMENT# 715803

Entity Name: SOUTH FLORIDA CHAPTER OF THE ASSOCIATED GENERAL CONTRACTORS

Current Principal Place of Business:

1395 SHOTGUN ROAD
SUNRISE, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

1395 SHOTGUN ROAD
SUNRISE, FL 33326 US

New Mailing Address:

FEI Number: 59-0455099 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MILLS, LEONARD D
1395 SHOTGUN ROAD
SUNRISE, FL 33326 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: PRES () Delete
Name: SOUTHERN, BILL F
Address: 1395 SHOTGUN ROAD
City-St-Zip: SUNRISE, FL 33326 US

Title: V () Delete
Name: MUNILLA, JORGE
Address: 1395 SHOTGUN ROAD
City-St-Zip: SUNRISE, FL 33326 US

Title: V () Delete
Name: MILLER, W. R
Address: 1395 SHOTGUN ROAD
City-St-Zip: SUNRISE, FL 33326 US

Title: D () Delete
Name: CARMELO, TOMAS
Address: 1395 SHOTGUN ROAD
City-St-Zip: SUNRISE, FL 33326 US

Title: D () Delete
Name: ROACH, DAVID
Address: 1395 SHOTGUN ROAD
City-St-Zip: SUNRISE, FL 33326 US

Title: D () Delete
Name: GLENEWINKEL, GARY
Address: 1395 SHOTGUN ROAD
City-St-Zip: SUNRISE, FL 33326 US

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:

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: LEONARD D. MILLS

Electronic Signature of Signing Officer or Director

EVP

02/04/2009

Date