

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718133

FILED
Jan 12, 2011
Secretary of State

Entity Name: TAMPA AREA ELECTRICAL JOINT APPRENTICESHIP AND TRAINING TRUST FUND BUILDING CORPORATION, INC.

Current Principal Place of Business:

TRAINING TRUST FUND BUILDING CORP., INC.
5625 HARNEY ROAD
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

TRAINING TRUST FUND BUILDING CORP., INC.
5625 HARNEY ROAD
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-1271446 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCCRAW, DAVID
5625 HARNEY RD
TAMPA, FL 33610 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: D
Name: BARBER, SCOTT
Address: 3225 EAST 4TH AVE
City-St-Zip: TAMPA, FL 33605

Title: PD
Name: MCCRAW, DAVID
Address: 5625 HARNEY RD
City-St-Zip: TAMPA, FL 33610

Title: D
Name: DEHMEL, JONATHAN
Address: 4636 10TH AVE. N.
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: STD
Name: KING, RANDALL
Address: 4025 TANNER ROAD
City-St-Zip: DOVER, FL 33527

Title: D
Name: ELLIS, MARK
Address: 8023 APACHE LANE
City-St-Zip: LAKELAND, FL 33809

Title: CD
Name: COPPERSMITH, ROBERT
Address: C/O NECA 2103 CASS STREET
City-St-Zip: TAMPA, FL 33606

I hereby 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 all other like empowered.

SIGNATURE: DAVID MCCRAW

PD

01/12/2011

Electronic Signature of Signing Officer or Director

_____ Date