

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90147 035 ****61.25

DOCUMENT # 719803

1. Corporation Name

**SHEETMETAL WORKERS LOCAL UNION NO. 32 APPRENTICE
SHIP AND TRAINING PROGRAM AND TRAINING FUND, INC**

Principal Place of Business

20401 N.E. 15TH CT.
N. MIAMI BEACH FL 33179

Mailing Address

20401 N.E. 15TH CT.
N. MIAMI BEACH FL 33179



2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/04/1970

4. FEI Number

59-1366225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WOOTTEN, WILLIAM R
12805 N.W. 16 AVE.
NORTH MIAMI FL 33167

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME MCDOUGALL, HARLEY
STREET ADDRESS 20375 NE 15 CT
CITY-ST-ZIP N MIAMI BCH FL 33179

TITLE D ☒ DELETE

NAME LEVY, DALE
STREET ADDRESS 5160 S.W. 115TH AVE
CITY-ST-ZIP COOPER CITY FL

TITLE D ☐ DELETE

NAME KEEN, JAMES
STREET ADDRESS 14945 NW 25TH CT
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME HAROLD WOODS
STREET ADDRESS 5269 N.W. 161 ST.
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME BENNETT, EDWARD
STREET ADDRESS 6022 SW 39TH ST
CITY-ST-ZIP MIRAMAR FL 33023

TITLE D ☐ DELETE

NAME DEONNA, MICHAEL
STREET ADDRESS 1964 TIGERTAIL BLVD BLDG 10
CITY-ST-ZIP DANIA FL 33004

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D
JOEL BARDEN
7571 SW 42nd. PLACE
DAVIE, FL 33314

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harley McDougall* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-99 305-651-5971

Date

Daytime Phone #

CR2E037 (11/98)

0034828