2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#720504

Apr 02, 2008 Secretary of State

Entity Name: FLORIDA WEST COAST CHAPTER, NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2103 WEST CASS STREET 2103 WEST CASS STREET TAMPA, FL 336061233 US TAMPA, FL 33606 **Current Mailing Address: New Mailing Address:** 2103 WEST CASS STREET 2103 WEST CASS STREET TAMPA, FL 33606 TAMPA, FL 336061233 US US FEI Number: 59-0694782 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COPPERSMITH, ROBERT R 2103 WEST CASS STREET TAMPA, FL 33606 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition COPPERSMITH, ROBERT R Name: Name: 2103 WEST CASS STREET Address: Address: City-St-Zip: TAMPA, FL 33606 US City-St-Zip: Title: () Delete Title: (X) Change () Addition WILSON, DAVID Name: WILSON, DAVID C Name: Address: 2525 DRAINFIELD ROAD, SUITE 23 Address: 2525 DRAINFIELD ROAD, SUITE 23 City-St-Zip: LAKELAND, FL 33811 US City-St-Zip: LAKELAND, FL 33811 US Title: () Delete Title: (X) Change () Addition MAZUR, MARK MAZUR, MARK J Name: Name: 3225 E. 4TH AVE Address: Address: 3225 E. 4TH AVE City-St-Zip: TAMPA, FL 33605 US City-St-Zip: TAMPA, FL 33605 US Title: () Delete Title: (X) Change () Addition Name: COLLINS, BENNY Name: COLLINS, BENNY 2730 S FALKENBURG RD Address: Address: 2730 S FALKENBURG RD City-St-Zip: RIVERVIEW, FL 33569 US City-St-Zip: RIVERVIEW, FL 33578 US Title: () Delete Title: (X) Change () Addition OLIVE, SANDRA OLIVE, SANDRA J Name: Name: 602 BRANNEN RD 602 BRANNEN RD Address: Address: LAKELAND, FL 33813 US City-St-Zip: City-St-Zip: LAKELAND, FL 33813 US

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: ROBERT R. COPPERSMITH SM 04/02/2008