

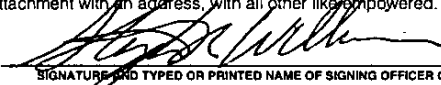


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90074 026 ****61.25

DOCUMENT # 727230 1. Entity Name I.B.E.W. LOCAL NO. 756, INC.					
Principal Place of Business 5901 AIRPORT ROAD PORT ORANGE, FL 32128				Mailing Address 5901 AIRPORT ROAD PORT ORANGE, FL 32128	
2. Principal Place of Business 5901 S. Williamson Blvd Suite, Apt. #, etc.		3. Mailing Address 5901 S. Williamson Blvd Suite, Apt. #, etc.			
City & State Port Orange, FL		City & State Port Orange, FL		4. FEI Number 59-0442561	
Zip 32128		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, STEPHEN R 5901 AIRPORT RD. PORT ORANGE, FL 32128				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5901 S. Williamson Blvd City Port Orange FL Zip Code 32128	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOLZ, TYLER F <input type="checkbox"/> Delete 3025 LIME TREE DRIVE EDGEWATER, FL 32141			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUNT, DANIEL P <input type="checkbox"/> Delete 115 COLOMBA RD DEBARY, FL 32713			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRINGTON, JOHN W. <input type="checkbox"/> Delete 810 WOODPORT DRIVE PORT ORANGE, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS WILLIAMS, STEPHEN R. <input type="checkbox"/> Delete 1251 HARM WAY PORT ORANGE, FL 32129			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SWEENEY, WILLIAM T <input type="checkbox"/> Delete 1717 RALIEGH AVE HOLLY HILL, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input checked="" type="checkbox"/> Delete DECKER, MICHAEL A 1500 BEVILLE RD STE 606-275 DEBARY, FL 32713			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DT Hart, Loomis R. ,Jr. 507 Big Tree Road South Daytona, FL 32119
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  STEPHEN R. WILLIAMS 02/17/05 386 756-2756 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					