

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 727230**

1. Entity Name  
I.B.E.W. LOCAL NO. 756, INC.



Principal Place of Business  
5901 S WILLIAMSON BLVD  
PORT ORANGE, FL 32128

Mailing Address  
5901 S WILLIAMSON BLVD  
PORT ORANGE, FL 32128



01112006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-0442561

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

WILLIAMS, STEPHEN R  
5901 S WILLIAMSON BLVD  
PORT ORANGE, FL 32128

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SCHOLZ, TYLER F
STREET ADDRESS	3025 LIME TREE DRIVE
CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	S
NAME	HUNT, DANIEL P
STREET ADDRESS	115 COLOMBA RD
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	P
NAME	BARRINGTON, JOHN W.
STREET ADDRESS	810 WOODPORT DRIVE
CITY-ST-ZIP	PORT ORANGE, FL
TITLE	FS
NAME	WILLIAMS, STEPHEN R.
STREET ADDRESS	1251 HARM WAY
CITY-ST-ZIP	PORT ORANGE, FL 32129
TITLE	DV
NAME	SWEENEY, WILLIAM T
STREET ADDRESS	1717 RALIEGH AVE
CITY-ST-ZIP	HOLLY HILL, FL
TITLE	DT
NAME	HART, LOOMIS R JR
STREET ADDRESS	507 BIG TREE ROAD
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119

1100000389514  
01/20/06-80052-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 officers empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen R. Williams 01/12/06

Date

386 756-2756

Daytime Phone #