2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #727230

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



FILED Jan 22, 2007 08:00 AM Secretary of State

Principal Place of Business

5901 S WILLIAMSON BLVD PORT ORANGE, FL 32128 Mailing Address

5901 S WILLIAMSON BLVD PORT ORANGE, FL 32128



01052007 No Chg-NP

CR2E037 (4/06)

4. FEI Number Applied For S9-0442561 Not Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Regulired

DO NOT WRITE IN THIS SPACE

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

			از انجاز انجاز و انجاز مود دو دوناه در		Commence of the commence of th
	named entity submits this statement for the pur lions of registered agent.	pose of changing its registere	ed office or re	gistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title it a	pplicable (NOTE: Registere)	d Agent signature r	equired when reinstating)	DAJE
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	ORS	માં ફ્લાર્ય જ્યાર કર	. a es 4,15 -a	the street of the second second
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOLZ, TYLER F 3025 LIME TREE DRIVE EDGEWATER, FL 32141		il in the state of	of the property of the second	and the second of the second o
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUNT, DANIEL P 115 COLOMBA RD DEBARY, FL 32713		and property of and	Between and	and the second of the second o
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRINGTON, JOHN W. 810 WOODPORT DRIVE PORT ORANGE, FL		Burk to legate Peter and topic Peter and topic Peter and topic Residue to a Peter and topic Residue to a Peter and topic Residue to a	And the second of the second o	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	FS WILLIAMS, STEPHEN R. 1251 HARM WAY PORT ORANGE, FL 32129		e grand on the second of the s	topas of IN.	THIS SPACE
TITLE NAME	DV SWEENEY, WILLIAM T		combet in and	Same F	And the second s

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 applicable, with the type like empowered in the changed.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

1717 RALIEGH AVE

HART, LOOMIS R JR

507 BIG TREE ROAD

SOUTH DAYTONA, FL 32119

HOLLY HILL, FL

DT

TURE AND TOED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PO/11/10

386756-2756

Daytime Phone #