

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90030 011 ****61.25

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

40067066



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-0442561

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
3025 LIME TREE DRIVE
EDGEWATER, FL 32141 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HUNT, DANIEL P
115 COLOMBA RD
DEBARY, FL 32713 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BARRINGTON, JOHN W.
810 WOODPORT DRIVE
PORT ORANGE, FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DN SELINA S. MORRIS
1016 CALLE GRANDE
ORMOND BEACH, FL 32174 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FS
WILLIAMS, STEPHEN R.
1251 HARM WAY
PORT ORANGE, FL 32129 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
SWEENEY, WILLIAM T
1717 RALIEGH AVE
HOLLY HILL, FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D JAMES A. JOHNSTON
448 MINSHEW ROAD
PIERSON, FL 32180 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
HART, LOOMIS R JR
507 BIG TREE ROAD
SOUTH DAYTONA, FL 32119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

Stephen R. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/2008

386-756-2756

Date

Daytime Phone #

STEPHEN R. WILLIAMS