2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727667

FILED Feb 11, 2004 Secretary of State

Entity Name: BUILDERS ASSOCIATION OF NORTH CENTRAL FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 2217 NW 66TH COURT GAINESVILLE, FL 32653 US **Current Mailing Address: New Mailing Address:** 2217 NW 66TH COURT GAINESVILLE, FL 32653 US FEI Number: 59-1444544 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: CARPENTER, RONALD A 5608 NW 43RD ST GAINESVILLE, FL 32653 US 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 (X) Change () Addition WEINGART, BRECK MILLER, DAVID Name: Name: 8200 NW 15TH PLACE Address: 5517 SW 69TH TERR. Address: City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: GAINESVILLE, FL 32608 Title: VD () Delete Title: (X) Change () Addition CRAWFORD, MARGARET FAUL, TERESA Name: Name: Address: 10830 NW 60TH TERR. Address: 301 SE 4TH AVE. City-St-Zip: ALACHUA, FL 32615 City-St-Zip: GAINESVILLE, FL 32601 Title: VD () Delete Title: VD. (X) Change () Addition MILLER, DAVID MCGRIFF, LORI Name: Name: 5517 SW 69TH TERR. 2801 SW ARCHER ROAD Address: Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32608 Title: () Delete Title: TD () Change (X) Addition Name: Name: WILDE, DOUG Address: Address: 9483 SW 32 LANE City-St-Zip: City-St-Zip: GAINESVILLE, FL 32608 Title: () Delete Title: () Change (X) Addition EVANS, JIM Name: Name: 522 NE 23 AVE. Address: Address: City-St-Zip: City-St-Zip: GAINESVILLE, FL 32609

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID MILLER PD 02/11/2004