2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727667

FILED May 10, 2005 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 ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARPENTER, RONALD A 5608 NW 43RD ST GAINESVILLE, FL 32653

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:

Date

Electronic Signature of Registered Agent

US

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition MILLER, DAVID MCGRIFF, LORI Name: Name: 5517 SW 69TH TERR. Address: 2801 SW ARCHER RD. Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32608

Title: VD () Delete Title: VD (X) Change () Addition

CRAWFORD, MARGARET Name: EVANS, JIM Name:

Address: 301 SE 4TH AVE. Address: 522 NE 23RD AVENUE City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: GAINESVILLE, FL 32608

Title: VD. () Delete Title: VD. (X) Change () Addition MCGRIFF, LORI

PAINTER, JIM Name: Name: 2801 SW ARCHER ROAD Address: Address: 2425 NE 19 DRIVE City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32609

(X) Change () Addition Title: TD Title: TD () Delete

Name: WILDE, DOUG Name: COX, ALISON 5517 SW 69TH TERR. Address: 9483 SW 32 LANE Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32608

Title: () Delete Title: (X) Change () Addition

EVANS, JIM BROWN, JAY Name: Name: 3530 NW 43 ST. 522 NE 23 AVE. Address: Address: City-St-Zip: GAINESVILLE, FL 32609 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: LORI MCGRIFF **PRES** 05/10/2005