

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729691

FILED
Mar 23, 2007
Secretary of State

Entity Name: ELEVATOR CONSTRUCTORS LOCAL 74 BUILDING ASSOCIATION, INC.

Current Principal Place of Business:

8406 NORTH HWY 301
TAMPA, FL 33637

New Principal Place of Business:

Current Mailing Address:

8406 NORTH HWY 301
TAMPA, FL 33637

New Mailing Address:

FEI Number: 59-2498249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSCHE, VINCENT
5315 RUSSEL STREET
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

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:

Title: BAFS () Delete
Name: ROSCHE, VINCENT
Address: 5315 RUSSELL ST.
City-St-Zip: TAMPA, FL 33611

Title: P () Delete
Name: LOPER, NORMAN
Address: 19550 LIVINGSTON
City-St-Zip: LUTZ, FL 33559

Title: V () Delete
Name: PAQUETTE, AIMEE
Address: 8118 US HWY 41
City-St-Zip: LUTZ, FL 33549

Title: RS () Delete
Name: HOLSINGER, RICH
Address: 214 SE LINCOLN
City-St-Zip: ST PETE, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: PAQUETTE, AIMEE
Address: 15306 16TH ST.
City-St-Zip: DADE CITY, FL 33523

Title: RS (X) Change () Addition
Name: LANSKEY, RUSSELL
Address: 3610 TROPICANA PARKWAY
City-St-Zip: CAPE CORAL, FL 33993

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: VINCENT ROSCHE

BAFS

03/23/2007

Electronic Signature of Signing Officer or Director

Date