

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729691

FILED  
Mar 04, 2009  
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:**

7805 PROFESSIONAL PLACE  
TAMPA, FL 33637

**Current Mailing Address:**

8406 NORTH HWY 301  
TAMPA, FL 33637

**New Mailing Address:**

7805 PROFESSIONAL PLACE  
TAMPA, FL 33637

**FEI Number:** 59-2498249

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YOHN, JAMES BAFS  
6749 W. COUNTY ROAD 476  
BUSHNELL, FL 33513 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: YOHN, JAMES  
Address: PO BOX 773  
City-St-Zip: BROOKESVILLE, FL 34605

Title: P ( ) Delete  
Name: BLAND, ED  
Address: 7017 CHATUM LIGHT RUN  
City-St-Zip: BRADENTON, FL 34212

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: BMFS (X) Change ( ) Addition  
Name: YOHN, JAMES  
Address: PO BOX 773  
City-St-Zip: BROOKESVILLE, FL 34605

Title: P (X) Change ( ) Addition  
Name: LANSKY, RUSS  
Address: 3610 TROPICANA PARKWAY W  
City-St-Zip: CAPE CORAL, FL 33993

Title: V (X) Change ( ) Addition  
Name: ENNIS, HOWARD  
Address: 36330 LANIGAN RD  
City-St-Zip: DADE CITY, FL 33523

Title: RS (X) Change ( ) Addition  
Name: SPINALE, TIM  
Address: 2531 NEWBERN AVE  
City-St-Zip: CLEARWATER, FL 33761

I hereby certify that the information supplied with this filing does not qualify 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: AMY L MARTIN

CPA

03/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date