

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733240

FILED
Feb 15, 2008
Secretary of State

Entity Name: CENTRAL FLORIDA BUILDERS' EXCHANGE

Current Principal Place of Business:

340 N WYMORE ROAD
WINTER PARK, FL 327892855 US

New Principal Place of Business:

Current Mailing Address:

340 N WYMORE ROAD
WINTER PARK, FL 327892855 US

New Mailing Address:

FEI Number: 59-0529122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARSON, TRUDI
340 NORTH WYMORE RD
WINTER PARK, FL 327892855 US

Name and Address of New Registered Agent:

LARSON, TRUDI PRES
340 N WYMORE RD
WINTER PARK, FL 327892855 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: TRUDI LARSON

02/15/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: LARSON, TRUDI
Address: 340 N WYMORE RD
City-St-Zip: WINTER PARK, FL 327892855 US

Title: CH () Delete
Name: WETZEL, MICHAEL
Address: 9425 TRADEPORT DR
City-St-Zip: ORLANDO, FL 32827 US

Title: VCH () Delete
Name: BUTLER, NATHAN
Address: 820 IRMA AVE
City-St-Zip: ORLANDO, FL 32803 US

Title: SEC () Delete
Name: VICKERS, TIM
Address: 6701 EDGEWATER COMMERCE PKWY
City-St-Zip: ORLANDO, FL 32810 US

Title: TRS () Delete
Name: BEASLEY, DAVID
Address: 875 JACKSON AVE
City-St-Zip: WINTER PARK, FL 32789 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CH (X) Change () Addition
Name: BUTLER, NATHAN
Address: 820 IRMA AVE
City-St-Zip: ORLANDO, FL 32803 US

Title: VCH (X) Change () Addition
Name: VICKERS, TIM
Address: 6701 EDGEWATER COMMERCE PKWY
City-St-Zip: ORLANDO, FL 32810 US

Title: SEC (X) Change () Addition
Name: SALVO, TONY
Address: 5323 MILLENIA LAKES BLVD, STE 200
City-St-Zip: ORLANDO, FL 32839 US

Title: TRS (X) Change () Addition
Name: MATHEWS, BILL
Address: 2036 APEX CT
City-St-Zip: APOPKA, FL 32703 US

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: TRUDI LARSON

PRES

02/15/2008

Electronic Signature of Signing Officer or Director

Date