

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755699

FILED
Apr 09, 2004
Secretary of State

Entity Name: ALUMINUM ASSOCIATION OF FLORIDA, PINELLAS CHAPTER, INC.

Current Principal Place of Business:

P.O. BOX 232
CLEARWATER, FL 33255 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 232
CLEARWATER, FL 33255

New Mailing Address:

FEI Number: 59-2019627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, JACK W
478 HARBOR DR. SO.
INDIAN ROCKS BEACH, FL 33785 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: D () Delete
Name: DAVIS, JAMES
Address: 6190 SEMINOLE BLVD
City-St-Zip: SEMINOLE, FL 33772

Title: V () Delete
Name: GEHRINGER, EARL III
Address: 10721 SNUG HARBOR RD
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: D () Delete
Name: COLEMAN, MARK
Address: 1424 S MISSOURI AVE
City-St-Zip: CLEARWATER, FL 33756

Title: T () Delete
Name: HENEGAR, JACKIE
Address: 1115 CLEVELAND STREET
City-St-Zip: CLEARWATER, FL 33755

Title: D (X) Delete
Name: ZAGER, ERNIE
Address: 1170 GOULD STREET
City-St-Zip: CLEARWATER, FL 33756

Title: MGRD (X) Delete
Name: SAUNDERS, PAUL
Address: 1650 S DIXIE HWY SUITE 500
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JOHNSON, JACK
Address: 478 HARBOR DR. S.
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D (X) Change () Addition
Name: LUFKIN, HARRY
Address: 12350 BELCHER RD #2
City-St-Zip: LARGO, FL 33773

Title: P (X) Change () Addition
Name: ZAGER, ERNIE
Address: 1170 GOULD ST.
City-St-Zip: CLEARWATER, FL 33756

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

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

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

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: JACKIE HENEGAR

T

04/09/2004

Electronic Signature of Signing Officer or Director

Date