

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755699

FILED
Jul 27, 2009
Secretary of State

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

Current Principal Place of Business:

6900 49TH ST NORTH
CLEARWATER, FL 33781 US

New Principal Place of Business:

6900 49TH ST NORTH
PINELLAS PARK, FL 33781 US

Current Mailing Address:

6900 49TH ST NORTH
CLEARWATER, FL 33781 US

New Mailing Address:

6900 49TH ST NORTH
PINELLAS PARK, FL 33781 US

FEI Number: 59-2019627 **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:

CUYKENDALL, ESQUIRE, AMY E
721 1ST AVE N
SAINT PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

CLASSE, WANDA
3165 MCCRORY PLACE
SUITE 185
ORLANDO, FL 32803 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: WANDA CLASSE

07/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DECOSMO, JOHN
Address: 6900 49TH ST N
City-St-Zip: PINELLAS PARK, FL 33781

Title: SCC () Delete
Name: GREEN, STEVE
Address: 9508 E MARTIN L KING BLVD
City-St-Zip: TAMPA, FL 33610

Title: V1ST () Delete
Name: DALY, MICHAEL
Address: 1415 US 19 N
City-St-Zip: HOLIDAY, FL 34691 US

Title: V2ND (X) Delete
Name: GLEATON, STEVE
Address: 6720 46TH AVE. N.
City-St-Zip: ST. PETE, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: JOHN DECOSMO

PD

07/27/2009

Electronic Signature of Signing Officer or Director

Date