

# **2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 755699

**FILED**  
**Aug 05, 2014**  
**Secretary of State**

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

**Current Principal Place of Business:**

6900 49TH ST NORTH  
PINELLAS PARK, FL 33781 US

**New Principal Place of Business:**

3165 MCCRORY PLACE  
SUITE 185  
ORLANDO, FL 32803 US

**Current Mailing Address:**

6900 49TH ST NORTH  
PINELLAS PARK, FL 33781 US

**New Mailing Address:**

3165 MCCRORY PLACE  
SUITE 185  
ORLANDO, FL 32803 US

**FEI Number:** 59-2019627

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DAVENPORT, RANDY  
**Address:** 8813 VENTURE COVE  
**City-St-Zip:** TAMPA, FL 33637

**Title:** D  
**Name:** POOLER, TOM  
**Address:** 1101 HARDY DRIVE  
**City-St-Zip:** TAMPA, FL 33613

**Title:** D  
**Name:** PULS, RICHARD  
**Address:** 14211 N. FLORIDA AVE.  
**City-St-Zip:** TAMPA, FL 33613 US

I hereby 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 all other like empowered.

**SIGNATURE:** WANDA CLASSE

M

08/05/2014

Electronic Signature of Signing Officer or Director

Date