2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#760236

FILED Apr 09, 2009 Secretary of State

Entity Name: VOLUSIA AIR CONDITIONING CONTRACTORS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 611 E INTL SPEEDWAY BLVD DELAND, FL 32724 US **Current Mailing Address: New Mailing Address:** PO BOX 251031 HOLLY HILL, FL 321251031 FEI Number: 59-2930968 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JACOB, ROBERT 611 E INTERNATIONAL SPEEDWAY BLVD DELAND, FL 32724 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition JACOB, ROBERT Name: Name: 611 E INTL SPEEDWAY BLVD Address: Address: City-St-Zip: DELAND, FL 32724 US City-St-Zip: Title: Title: () Delete () Change () Addition MARTINES, PAUL Name: Name: Address: 801 CARSWELL AVE-C Address: City-St-Zip: HOLLY HILL, FL 32117 City-St-Zip: Title: () Delete Title: () Change () Addition COLE, MITCH Name: Name: Address: 326 CANAL STREET Address: NEW SMYRNA BEACH, FL 32168 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: KICKLIGHTER, R Name: SCHMITT, KEITH 140 S GRANDVIEW AVE 905 DUNCAN ROAD Address: Address: City-St-Zip: DAYTONA BEACH, FL 32118 City-St-Zip: SOUTH DAYTONA, FL 32119 Title: () Delete Title: () Change () Addition SOPPER, TERENCE Name: Name: 935 ALEXANDER AVE Address: Address: City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip: Title: () Delete Title: () Change () Addition TIPPINS, DANIEL Name: Name: Address: 500 CARSWELL AVE Address: HOLLY HILL, FL 32117 City-St-Zip: 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: TERENCE SOPPET T 04/09/2009