2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762851

FILED Mar 07, 2009 Secretary of State

Entity Name: FLORIDA CHAPTER OF THE AMERICAN SOCIETY OF SANITARY ENGINEERING, INC.

Current Principal Place of Business: New Principal Place of Business: 4151 RAVENSWOOD RD FORT LAUDERDALE, FL 33312 **Current Mailing Address: New Mailing Address:** 3315 NW 68 CT FORT LAUDERDALE, FL 33309 FEI Number: 34-6555875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: BAUER, CARY BAUER, CARY L 3315 NW 68 COURT 3315 NW 68 COURT FT LAUDERDALE, FL 33312 US FT LAUDERDALE, FL 33309 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: CARY LBAUER 03/07/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BAUER, CARY Name: Name: 3315 NW 68 CT. Address: Address: City-St-Zip: FT. LAUDERDALE, FL City-St-Zip: Title: Title: () Delete () Change () Addition Name: VAUGHN, TOM Name: Address: 170 NW 65 AVE Address: City-St-Zip: MARGATE, FL City-St-Zip: Title: () Delete Title: () Change () Addition HOSBACH, ED Name: Name: Address: 4031 NE 18 AVE Address: City-St-Zip: FORT LAUDERDALE, FL 33334 City-St-Zip: Title: () Delete Title: () Change () Addition Name: FENNELL, KEVIN Name: Address: 955 S FEDERAL HWY Address: City-St-Zip: FORT LAUDERDALE, FL City-St-Zip: Title: Title: () Delete () Change () Addition BICKFORD, JAMES Name: Name: 251 NW 35 CT Address: Address: City-St-Zip: OAKLAND PARK, FL 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: CARY L BAUER MR 03/07/2009