

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005577

FILED  
Jan 10, 2011  
Secretary of State

**Entity Name:** ASSOCIATION OF MILLWORK DISTRIBUTORS, INCORPORATED

**Current Principal Place of Business:**

10047 ROBERT TRENT JONES PKWY  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

10047 ROBERT TRENT JONES PKWY  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

**FEI Number:** 62-0366120

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** DT  
**Name:** KESSEL, GEORGE  
**Address:** 739 GODDARD AVE  
**City-St-Zip:** CHESTERFIELD, MO 63005 US

**Title:** DP  
**Name:** DYER, AUDREY  
**Address:** 2 GRANDVIEW ST  
**City-St-Zip:** NORTH WILKESBORO, NC 28659 US

**Title:** DV  
**Name:** DAN, BARBER  
**Address:** 4915 HAMILTON BLVD  
**City-St-Zip:** THEODORE, AL 36590 US

**Title:** DS  
**Name:** ROSALIE, LEONE  
**Address:** 10047 ROBERT TRENT JONES PKWY  
**City-St-Zip:** NEW PORT RICHEY, FL 34655 US

**Title:** DV  
**Name:** CROWDER, JOHN  
**Address:** 6361 STERLING DR N  
**City-St-Zip:** STERLING HTS, MI 48312 US

**Title:** D  
**Name:** WARREN, DANIEL G  
**Address:** 1051 CONCOURSE DRIVE  
**City-St-Zip:** RAPID CITY, SD 57703 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:** ROSALIE LEONE

DS

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date