2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91593 020 ****61.25

552248

DO NOT WRITE IN THIS SPACE

DOCUMENT # N00000000782

1. Entity Name
Independent Contractors Association Corp
A Florida Non-Profit Corporation

Principal Place of Business
235 S. Central Avenue
Suite #3
Oviedo FL 32765

Mailing Address
1099 Laurel Oaks Ct
Oviedo FL 32765

2. Principal Place of Business
1022 Vannessa Dr
Suite, Apt. #, etc.

3. Mailing Address
1022 Vannessa Dr
Suite, Apt. #, etc.

City & State: Oviedo FL
Zip: 32765
Country:

City & State: Oviedo FL
Zip: 32765
Country:

4. FEI Number: 59-3634142 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
W. Steven Edmonds Jr
1099 Laurel Oaks Ct
Oviedo FL 32765

7. Name and Address of New Registered Agent
Name: W. Steven Edmonds Jr
Street Address (P.O. Box Number is Not Acceptable): 1022 Vannessa Dr
City: Oviedo FL Zip Code: 32765

8. 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: W. Steven Edmonds Jr — 4/30/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	Executive Director	☐ Delete	TITLE	Executive Director	☑ Change ☐ Addition
NAME	W. Steven Edmonds Jr		NAME	W. Steven Edmonds Jr	
STREET ADDRESS	1099 Laurel Oaks Ct		STREET ADDRESS	1022 Vannessa Dr	
CITY-ST-ZIP	Oviedo FL 32765		CITY-ST-ZIP	Oviedo FL 32765	
TITLE	Director of Marketing	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Darren Sutphen		NAME		
STREET ADDRESS	606 Hathaway Dr		STREET ADDRESS		
CITY-ST-ZIP	Altamonte Springs FL 32701		CITY-ST-ZIP		
TITLE	Director of Membership	☐ Delete	TITLE	Construction Director	☑ Change ☐ Addition
NAME	Paul Wilson		NAME	Paul Wilson	
STREET ADDRESS	1092		STREET ADDRESS	772 Rich Dr	
CITY-ST-ZIP			CITY-ST-ZIP	Oviedo FL 32765	
TITLE	~~Director~~	☐ Delete	TITLE	Director of Finance	☐ Change ☑ Addition
NAME			NAME	Gary C. Walter	
STREET ADDRESS			STREET ADDRESS	852 Oak Dr	
CITY-ST-ZIP			CITY-ST-ZIP	Oviedo FL 32765	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E037 (11/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. Steven Edmonds Jr — 4/30/01 — 407-701 9045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #