

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005211

FILED
Aug 19, 2009
Secretary of State

Entity Name: FLORIDA INDUSTRIAL PRETREATMENT ASSOCIATION, INC.

Current Principal Place of Business:

2485 NW 26TH AVENUE
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1872
WINDERMERE, FL 347861872

New Mailing Address:

FEI Number: 59-3736020 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BARNES, KASSANDRA D
2485 NORTHWEST AVE
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

MATHIS, MARK D
4213 GARRISON LANE
FORT PEIRCE, FL 34982 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: MARK D. MATHIS

08/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MATHIS, MARK D
Address: 4213 GARRISON LANE
City-St-Zip: FORT PEIRCE, FL 34982

Title: VD () Delete
Name: PARSLOW, ATHENA
Address: 5100 L.B. MCLEOD ROAD
City-St-Zip: ORLANDO, FL 32811

Title: SD () Delete
Name: MEYERS, KIMBERLY
Address: P. O. BOX 3434
City-St-Zip: SEMINOLE, FL 33775

Title: TD () Delete
Name: BARNES, KASSANDRA D
Address: 2485 NW 26TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SWEARINGEN, MONICA
Address: 7990 STEER LAKE ROAD
City-St-Zip: ORLANDO, FL 32835

Title: () Change () Addition
Name:
Address:
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: KASSANDRA D BARNES

TD

08/19/2009

Electronic Signature of Signing Officer or Director

Date