2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005434

FILED Jun 24, 2009 Secretary of State

Entity Name: PLUMBERS AND PIPEFITTERS LOCAL 123 ATTF EDUCATIONAL CORPORATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3601 N MCINTOSH RD **DOVER, FL 33527 Current Mailing Address: New Mailing Address:** 3601 N MCINTOSH RD DOVER, FL 33527 FEI Number: 01-0703281 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) 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: Name and Address of New Registered Agent: VENABLE, W. ERIC 7402 N 56TH ST TAMPA, FL 33617 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition VEGA, TODD Name: Name: 3601 N MCINTOSH RD Address: Address: City-St-Zip: **DOVER, FL 33527** City-St-Zip: Title: () Delete Title: () Change () Addition Name: TIEMANN, ROBERT Name: Address: 3601 N MCINTOSH RD Address: City-St-Zip: DOVER, FL 33527 City-St-Zip: Title: () Delete Title: () Change () Addition JONES, MIKE Name: Name: 3601 N. MCINTOSH ROAD Address: Address: City-St-Zip: DOVER, FL 33527 City-St-Zip: Title: () Delete Title: () Change () Addition COOK, WILLIAM Name: Name: 3601 N MCINTOSH RD Address: Address: City-St-Zip: DOVER, FL 33527 City-St-Zip: Title: () Delete Title: () Change () Addition MCLAIN, THOMAS Name: Name: 3601 N MCINTOSH RD Address: Address: City-St-Zip: DOVER, FL 33527 City-St-Zip: Title: () Delete Title: () Change () Addition MCINTOSH, GLENN S JR Name: Name: Address: 3601 N MCINTOSH RD Address: **DOVER, FL 33527** 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: GLENN S. MCINTOSH BM 06/24/2009