

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006079

FILED
Apr 25, 2008
Secretary of State

Entity Name: DESIGN-BUILD INSTITUTE OF AMERICA - FLORIDA REGION, INC.

Current Principal Place of Business:

1524 ANNA CATHERINE DR.
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

PO BOX 781172
ORLANDO, FL 32828

New Mailing Address:

PO BOX 781172
ORLANDO, FL 32878

FEI Number: 59-3734951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, KAREN
1524 ANNA CATHERINE DRIVE
ORLANDO, FL 32828 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: PD () Delete
Name: MULLEN, PATRICK
Address: 490 SAWGRASS CORPORATE PKWY
City-St-Zip: SUNRISE, FL 33325

Title: SD () Delete
Name: EDWARDS, BONNY
Address: 6280 HAZELTINE NATIONAL DRIVE
City-St-Zip: ORLANDO, FL 32822

Title: VPD () Delete
Name: DONNELLY, TOM
Address: 110 CARILLON PARKWAY
City-St-Zip: ST. PETERSBURG, FL 33716

Title: TR () Delete
Name: BARBER, JIMMY
Address: 111 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 33716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DONNELLY, TOM
Address: 110 CARILLON PARKWAY
City-St-Zip: ST. PETERSBURG, FL 33716

Title: TR (X) Change () Addition
Name: EDWARDS, BONNY
Address: 6280 HAZELTINE NATIONAL DRIVE
City-St-Zip: ORLANDO, FL 32822

Title: SEC (X) Change () Addition
Name: LIEN, PATRICK
Address: 1000 LEGION PLACE, STE. 1100
City-St-Zip: ORLANDO, FL 32801

Title: VPD (X) Change () Addition
Name: BARBER, JIMMY
Address: 111 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 33716

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: TOM DONNELLY

PD

04/25/2008

Electronic Signature of Signing Officer or Director

Date