

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N02000001136

1. Entity Name

FLORIDA CONSTRUCTION APPRENTICESHIP
ASSOCIATION, INC.



FILED

04 OCT 13 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1763 NORTH FLORIDA MANGO ROAD
SUITE #4
WEST PALM BEACH FL 33409

Mailing Address

1763 NORTH FLORIDA MANGO ROAD
SUITE #4
WEST PALM BEACH FL 33409

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

01-0623580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

MOORE

CR2E037 (4/04)

24



6. Name and Address of Current Registered Agent

MUNDT, LINDA K
1763 NORTH FLORIDA MANGO ROAD
SUITE #4
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MUNDT, LINDA K
STREET ADDRESS 1763 NORTH FLORIDA MANGO ROAD #4
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete

TITLE STD
NAME KOZAN, JANET L
STREET ADDRESS 1763 NORTH FLORIDA MANGO ROAD #4
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete

TITLE D
NAME MUNDT, LAUREN
STREET ADDRESS 1763 NORTH FLORIDA MANGO ROAD #4
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete

TITLE D
NAME GRAHAM, CYNTHIA
STREET ADDRESS 1763 NORTH FLORIDA MANGO ROAD #4
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Cynthia L. Graham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/04

Date

561-697-226

Daytime Phone #