

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Dec 02, 2005
Secretary of State

DOCUMENT# N02000005133

Entity Name: CENTRAL FLORIDA UTILITY & TRANSPORTATION CONTRACTORS ASSOCIATION, INC.

Current Principal Place of Business:

4859 HORTON ST
COCOA, FL 32927

New Principal Place of Business:

Current Mailing Address:

4859 HORTON ST
COCOA, FL 32927

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

DEWITT, KAREN
4859 HORTON ST
COCOA, FL 32929 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: KAREN DEWITT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEHEGAN, THOMAS
Address: P O BOX 10097
City-St-Zip: COCOA, FL 32927

Title: V () Delete
Name: SMITH, DAVID
Address: P O BOX 10097
City-St-Zip: COCOA, FL 32927

Title: T () Delete
Name: FEARON, SHAWN
Address: P O BOX 10097
City-St-Zip: COCOA, FL 32927

Title: S () Delete
Name: OPFER, DOLORES
Address: P O BOX 10097
City-St-Zip: COCOA, FL 32927

Title: D () Delete
Name: DEWITT, KAREN
Address: P O BOX 10097
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: BREWER, BILLY JOE
Address: P O BOX 10097
City-St-Zip: COCOA, FL 32927

Title: T (X) Change () Addition
Name: OPFER, JESSICA
Address: P.O. BOX 10097
City-St-Zip: COCOA, FL 32927

Title: S (X) Change () Addition
Name: OPFER, THOMAS
Address: P O BOX 10097
City-St-Zip: COCOA, FL 32927

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KAREN DEWITT

Electronic Signature of Signing Officer or Director

D

12/02/2005

Date