## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000009368

FILED Jan 16, 2009 Secretary of State

Entity Name: FLORIDA ALLIANCE FOR CONSTRUCTION EDUCATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1115 CLEVELAND ST CLEARWATER, FL 33755 **Current Mailing Address: New Mailing Address:** 1115 CLEVELAND ST CLEARWATER, FL 33755 FEI Number: 04-3730547 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LYONS, GARY W 311 S MISSOURI AVE CLEARWATER, FL 33756 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 (X) Change ( ) Addition JOHNSON, JACK JOHNSON, JACK Name: Name: 478 HARBOR DR S Address: 5401 98TH WAY N Address: City-St-Zip: INDIAN ROCKS BEACH, FL 33785 City-St-Zip: ST. PETE, FL 33708 Title: () Delete Title: () Change () Addition ZAGER, ERNIE Name: Name: Address: 1170 COULD STREET Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: Title: () Delete Title: () Change () Addition TAFELSKI, TOM Name: Name: 12841 66TH ST N Address: Address: City-St-Zip: LARGO, FL 33773 City-St-Zip: Title: TD Title: () Change () Addition ( ) Delete Name: HENEGAR, JACQUELINE Name: Address: 1115 CLEVELAND ST Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: Title: () Delete Title: () Change () Addition HOWE, STEVE Name: Name: 12920 WALSINGHAM RD, UNIT D Address: Address: City-St-Zip: LARGO, FL 33774 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition GLEATON, STEVE GLEATON, STEVE Name: Name: Address: 1115 CLEVELAND STREET Address: 6720 46TH AVE N CLEARWATER, FL 33755 ST. PETE, FL 33709 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: JACQUELINE HENEGAR TD 01/16/2009