

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008466

FILED
May 01, 2009
Secretary of State

Entity Name: NATIONAL PLASTERERS COUNCIL FOUNDATION, INC.

Current Principal Place of Business:

2811 TAMIAMI TRAIL
SUITE P
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

2811 TAMIAMI TRAIL
SUITE P
PORT CHARLOTTE, FL 33952 US

New Mailing Address:

FEI Number: 20-0265286 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

BROOKS, MITCHELL T
258 BANGSBERG ROAD, SE
PORT CHARLOTTE, FL 33952 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: D () Delete
Name: ANDERSON, DANA
Address: 24008 SW MORGAN LANE
City-St-Zip: SHERWOOD, OR 97140 US

Title: P () Delete
Name: SMITH, ALAN
Address: 227 WEST CARLETON
City-St-Zip: ORANGE, CA 92867 US

Title: T () Delete
Name: KOHLHAS, MICHAEL
Address: 2 LANCASTER PARKWAY
City-St-Zip: LANCASTER, NY 14086 US

Title: VP () Delete
Name: CHAPMAN, KIRK
Address: 10040 VINE STREET
City-St-Zip: LAKESIDE, CA 92040

Title: S () Delete
Name: KOHLHAS, MICHAEL
Address: 2 LANCASTER PARKWAY
City-St-Zip: LANCASTER, NY 14086

Title: D () Delete
Name: BURKETT, ROBERT
Address: 4612 CASTLE CARY LANE
City-St-Zip: SALIDA, CA 95368

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ANDERSON, DANA
Address: 24008 SW MORGAN LANE
City-St-Zip: SHERWOOD, OR 97140 US

Title: D (X) Change () Addition
Name: GARRETT, GREG
Address: 2619 W. MCDOWELL ROAD
City-St-Zip: PHOENIX, AZ 85009 US

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

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

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

Title: () Change () Addition
Name:
Address:
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: DANA ANDERSON

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date