

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000863

FILED
Apr 30, 2012
Secretary of State

Entity Name: NORTH FLORIDA AIR CONDITIONING CONTRACTORS ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 40107
JACKSONVILLE, FL 32203 US

New Principal Place of Business:

1179 OAKVALE RD.
JACKSONVILLE, FL 32259 US

Current Mailing Address:

P. O. BOX 40107
JACKSONVILLE, FL 32203 US

New Mailing Address:

P.O. BOX 40107
JACKSONVILLE, FL 32203 US

FEI Number: 59-1689187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIEBEL, JUDI
8809 KESTREL COURT
JACKSONVILLE, FL 32222 US

Name and Address of New Registered Agent:

ADE, KATIE
1179 OAKVALE RD.
JACKSONVILLE, FL 32259 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: KATIE ADE

04/30/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: EO
Name: JONES, GLENN
Address: 1476 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE BEACH, FL 32266 US

Title: T
Name: GRIFFIN, JAMES D JR.
Address: P.O. BOX 37068
City-St-Zip: JACKSONVILLE, FL 32236 US

Title: P
Name: JONES, JIM
Address: 9969 OLD KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32219 US

I hereby 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 all other like empowered.

SIGNATURE: KATIE ADE

ED

04/30/2012

Electronic Signature of Signing Officer or Director

Date