

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005169

FILED
Apr 25, 2007
Secretary of State

Entity Name: SUNSHINE STATE CHAPTER OF THE DOOR AND HARDWARE INSTITUTE INC

Current Principal Place of Business:

1001 ARLINGTON AVENUE NORTH
ST PETERSBURG, FL 33705

New Principal Place of Business:

6564 44TH STREET NORTH
UNIT 805
PINELLAS PARK, FL 33781

Current Mailing Address:

1001 ARLINGTON AVENUE NORTH
ST PETERSBURG, FL 33705

New Mailing Address:

6564 44TH STREET NORTH
UNIT 805
PINELLAS PARK, FL 33781

FEI Number: 03-0428612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORRISSETTE, BOB
1001 ARLINGTON AVENUE NORTH
ST PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

FISHER, JOHN
6564 44TH STREET NORTH
UNIT 805
PINELLAS PARK, FL 33781 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: JOHN FISHER

04/25/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRITTON, WES
Address: 3314 PEACHTREE HILL ROAD
City-St-Zip: LAKELAND, FL 33801

Title: VP () Delete
Name: MORRISSETTE, BOB
Address: 1001 ARLINGTON AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33705

Title: S () Delete
Name: MARIUCCI, RICK
Address: 92 N ROME AVE
City-St-Zip: TAMPA, FL 33606

Title: T () Delete
Name: FISHER, JOHN
Address: 6564 44TH STREET NORTH #805
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOHN FISHER

T

04/25/2007

Electronic Signature of Signing Officer or Director

Date