2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009482

FILED May 01, 2006 Secretary of State

Entity Name: U.S. GREEN BUILDING COUNCIL - FLORIDA GULF COAST CHAPTER, INC.

	Current Principal Place of Business:		New Principal Place of Business:	
	EWSTER DR. _ 336262500			
Current Mailing Address:		New Mailing	New Mailing Address:	
P.O. BOX 2 TAMPA, FL	23603 _ 336232603	P.O. BOX 23 TAMPA, FL		
n accordanc	84-1658935 FEI Number Applied For () For with s. 607.193(2)(b), F.S., the corporation did not reconstructed Address of Current Registered Agent:	•	dble () Certificate of Status Desired (X)	
CFRA, LLC 4221 W. B TAMPA, FL				
	e of Florida.	0 0		
SIGNATUF			Data	
OFFICERS	Electronic Signature of Registered Agent S AND DIRECTORS:	ADDITIONS	Date CHANGES TO OFFICERS AND DIRECTORS:	
JFFICERS	S AND DIRECTORS:	ADDITIONS	CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	D () Delete TOPPE, JONATHAN R 210 14TH AVE. NORTH	Title: Name:	() Change () Addition	
	ST. PETERSBURG, FL 33701	Address: City-St-Zip:		
Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:			() Change () Addition	
City-St-Zip: Title: Name: Address:	ST. PETERSBURG, FL 33701 D () Delete MANTRI, ADVAIT 12032 BREWSTER DR	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: 3		
City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	ST. PETERSBURG, FL 33701 D () Delete MANTRI, ADVAIT 12032 BREWSTER DR TAMPA, FL 33626 D () Delete DAVIS, CHRISTOPHER TWO HARBOR PL 302 KNIGHTS RUN AVE STE 900	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: 3	O (X) Change () Addition DAVIS, CHRISTOPHER 02 KNIGHTS RUN AVE, SUITE 900	
City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address: Name: Address:	ST. PETERSBURG, FL 33701 D () Delete MANTRI, ADVAIT 12032 BREWSTER DR TAMPA, FL 33626 D () Delete DAVIS, CHRISTOPHER TWO HARBOR PL 302 KNIGHTS RUN AVE STE 900 TAMPA, FL 33602 D () Delete KUNZ, JENNIFER 1300 PELHAM RD.	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	O (X) Change () Addition DAVIS, CHRISTOPHER IO2 KNIGHTS RUN AVE, SUITE 900 PAMPA, FL 33602	

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER DAVIS TREA 05/01/2006