2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002905

FILED Apr 13, 2009 Secretary of State

Entity Name: GAINESVILLE AIR CONDITIONING CONTRACTORS ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business: 7050 NW 23 WAY GAINESVILLE, FL 32653 US **Current Mailing Address: New Mailing Address:** PO BOX 357476 GAINESVILLE, FL 32653 US FEI Number: 20-2608876 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: WORTHMANN, THOMAS W 4009 W CR 232 BELL, FL 32619 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: (X) Change () Addition () Delete BERTIE, JIM MCCOLLUM, BOB Name: Name: 1730 NE 23 AVE Address: PO BOX 358565 Address: City-St-Zip: GAINESVILLE, FL 32609 US City-St-Zip: GAINESVILLE, FL 32635 US Title: Title: () Delete (X) Change () Addition MCCOLLUM, BOB Name: HURM, MARK Name: Address: PO BOX 358565 Address: 3411 N. MAIN TERRACE City-St-Zip: GAINESVILLE, FL 32635 US City-St-Zip: GAINESVILLE, FL 32609 US Title: SEC () Delete Title: SEC (X) Change () Addition BERTIE, VALORIE HUGHES, JAMIE Name: Name: Address: 1730 NE 23 AVE Address: 1730 NE 23 AVE City-St-Zip: GAINESVILLE, FL 32609 US City-St-Zip: GAINESVILLE, FL 32609 US Title: TREA Title: () Change () Addition () Delete Name: CROUCH, TIM Name: Address: 2915 NE 20TH WAY Address: GAINESVILLE, FL 32609 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition NEWMAN, ED Name: Name: PO BOX 5425 Address: Address: City-St-Zip: GAINESVILLE, FL 32627 City-St-Zip: Title: () Delete Title: (X) Change () Addition NOTTINGHAM, STEVE BERTIE, JIM Name: Name: Address: 6512 NW 37 DR Address: 1730 NE 23 AVE.

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.

City-St-Zip:

GAINESVILLE, FL 32609

SIGNATURE: TIM CROUCH TREA 04/13/2009

GAINESVILLE, FL 32653

City-St-Zip: