

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007277

FILED  
Jul 03, 2008  
Secretary of State

Entity Name: I.B.E.W. LOCAL UNION 627, INC.

## Current Principal Place of Business:

7636 SOUTH U.S. 1  
PORT ST. LUCIE, FL 34952 US

## New Principal Place of Business:

## Current Mailing Address:

7636 SOUTH U.S. 1  
PORT ST. LUCIE, FL 34952 US

## New Mailing Address:

FEI Number: 59-6196799      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:

MIXON, WENDELL W  
5144 TURTLE CREEK PLACE  
FT. PIERCE, FL 34981 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: P ( ) Delete  
Name: MIXON, WENDELL W  
Address: 5144 TURTLE CREEK PLACE  
City-St-Zip: FORT PIERCE, FL 34981 US

Title: VP ( ) Delete  
Name: LEWANDOWSKI, STEVE M  
Address: 1980 VICTOR LANE  
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: TRES ( ) Delete  
Name: PIERCE, MARK G  
Address: 13600 N.E. 18TH AVENUE  
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: F S ( ) Delete  
Name: MAC NICHOL, MARK  
Address: 13661 S.E. 46TH STREET  
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: RS ( ) Delete  
Name: TINGLER, RAYMOND E  
Address: 5673 S.E. MAJOR WAY  
City-St-Zip: STUART, FL 34997 US

Title: EB ( ) Delete  
Name: FANIEL, ALBERT W  
Address: 5744 NW ESKIMO CIRCLE  
City-St-Zip: FT. PIERCE, FL 34986 US

## 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:

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: MARK G.W. PIERCE

TRES

07/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date