

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006993

FILED  
Aug 19, 2009  
Secretary of State

Entity Name: INSULATORS LOCAL 67 BUILDING CORPORATION, INC.

**Current Principal Place of Business:**

8840 US 301 SOUTH  
RIVERVIEW, FL 33578

**New Principal Place of Business:**

709 SOUTH EVERE STREET  
PLANT CITY, FL 33563

**Current Mailing Address:**

8840 US 301 SOUTH  
RIVERVIEW, FL 33578

**New Mailing Address:**

709 SOUTH EVERE STREET  
PLANT CITY, FL 33563

FEI Number: 26-3033766      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:**

VENABLE, W.ERIC  
7402 N 56TH STREET SUITE 380  
TAMPA, FL 33617 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: PD ( ) Delete  
Name: THORPE, DALE  
Address: 8840 US 301 SOUTH  
City-St-Zip: RIVERVIEW, FL 33578

Title: VPD ( ) Delete  
Name: WILKES, PHILIP  
Address: 4210 NORTH COVINA CIRCLE  
City-St-Zip: TAMPA, FL 33617

Title: STD ( ) Delete  
Name: CARTER, BRUCE  
Address: 8840 US 301 SOUTH  
City-St-Zip: RIVERVIEW, FL 33578

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: THORPE, DALE  
Address: 709 SOUTH EVERE STREET  
City-St-Zip: PLANT CITY, FL 33563

Title: VPD (X) Change ( ) Addition  
Name: WILKES, PHILIP  
Address: 709 SOUTH EVERE STREET  
City-St-Zip: PLANT CITY, FL 33563

Title: STD (X) Change ( ) Addition  
Name: CARTER, BRUCE  
Address: 709 SOUTH EVERE STREET  
City-St-Zip: PLANT CITY, FL 33563

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: DALE THORPE

PD

08/19/2009

Electronic Signature of Signing Officer or Director

Date