

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# N12112

Entity Name: AMERICAN PRODUCTION AND INVENTORY CONTROL SOCIETY, FLORIDA WEST COAST CHAPTER, INC.

Current Principal Place of Business:

8245 VASSAR CIRCLE
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

8245 VASSAR CIRCLE
TAMPA, FL 33634 US

New Mailing Address:

FEI Number: 59-2243338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARY, CLAUER T
8245 VASSAR CIRCLE
TAMP, FL 33634 US

Name and Address of New Registered Agent:

GARY, CLAUER T
8245 VASSAR CIRCLE
TAMPA, FL 33634 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: _____ Date: 04/21/2005
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLAUER, GARY T MR
Address: 8245 VASSAR CIRCLE
City-St-Zip: TAMPA, FL 33634 US

Title: V () Delete
Name: PENDERGAST, RAY MR
Address: 2375 72ND STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: T () Delete
Name: CLAUER, GARY T MR
Address: 8144 128TH STREET
City-St-Zip: SEMINOLE, FL 33776 US

Title: S (X) Delete
Name: KILTY, GERALD D
Address: 514 HUMPHRIES
City-St-Zip: SAFETY HARBOR, FL 34695 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: CLAUER, GARY T MR
Address: 8245 VASSAR CIRCLE
City-St-Zip: TAMPA, FL 33634 US

Title: P (X) Change () Addition
Name: PENDERGAST, RAY MR
Address: 2375 72ND STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: S (X) Change () Addition
Name: KILTY, GERALD MR
Address: 514 HUMPHRIES
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GARY T. CLAUER T Date: 04/21/2005
Electronic Signature of Signing Officer or Director