

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 06, 2009  
Secretary of State

DOCUMENT# N12112

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

**Current Principal Place of Business:**

514 HUMPHRIES RD  
SAFETY HARBOR, FL 34695 US

**New Principal Place of Business:**

**Current Mailing Address:**

514 HUMPHRIES RD  
SAFETY HARBOR, FL 34695 US

**New Mailing Address:**

15035 TONI TER.  
HUDSON, FL 34669

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

**Name and Address of Current Registered Agent:**

GERALD, KILTY L  
514 HUMPHRIES RD  
SAFETY HARBOR, FL 34695 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: CHIASSON, KEITH J MR  
Address: 1314 WICKFORD ST.  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: EVP ( ) Delete  
Name: CHRISTIANO, PETER J MR  
Address: 500 MAIN STREET  
City-St-Zip: SAFETY HARBOR, FL 34695 US

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

Title: VP ( ) Delete  
Name: WILLIAMS, CRAIG MR  
Address: 2025 SAN MARINO WAY SOUTH  
City-St-Zip: CLEARWATER, FL 33763

Title: VP ( ) Delete  
Name: MOORE, JAMES MR  
Address: 4920 WEST CYPRESS ST., STE 110  
City-St-Zip: TAMPA, FL 33607

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: VP ( ) Change (X) Addition  
Name: MAHONEY, STEVEN M MR  
Address: 15035 TONI TERRACE  
City-St-Zip: HUDSON, FL 34669

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: STEVEN M. MAHONEY

VP

04/06/2009

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

\_\_\_\_\_  
Date