

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12923

FILED
Mar 28, 2008
Secretary of State

Entity Name: SOUTH FLORIDA TRUSS AND COMPONENT MANUFACTURERS ASSOCIATION, INC.

Current Principal Place of Business:

98 AZALEA CIRCLE
BOYNTON BEACH, FL 33436 US

New Principal Place of Business:

Current Mailing Address:

98 AZALEA CIRCLE
BOYNTON BEACH, FL 33436 US

New Mailing Address:

FEI Number: 65-0038566 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LAWSON, JOE
98 AZALEA CIRCLE
BOYNTON BEACH, FL 33436 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: D () Delete
Name: CRUZE, KIRK
Address: SPACE COAST TRUSS 9500 W ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL

Title: D () Delete
Name: BECHT, BOB
Address: CHAMBERS TRUSS 3165 OLEANDER
City-St-Zip: FT PIERCE, FL 34982

Title: P () Delete
Name: GELATT, GLENN
Address: SPACE COAST TRUSS 201 SW PORT ST LUCIE BLV
City-St-Zip: PORT ST LUCIE, FL 34984

Title: T () Delete
Name: LAWSON, JOE
Address: 98 AZALEA CIRCLE
City-St-Zip: BOYNTON BEACH, FL

Title: S (X) Delete
Name: BECHT, PERKY
Address: CHAMBERS TRUSS 3665 OLEANDER
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: LAMBERT, BRAD
Address: SIMPSON STRONG TIE
City-St-Zip: MC KINNEY, TX 75069

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: JOE LAWSON

T

03/28/2008

Electronic Signature of Signing Officer or Director

Date