

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12923

FILED  
Apr 14, 2009  
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: D ( ) Delete  
Name: LAMBERT, BRAD  
Address: SIMPSON STRONG TIE  
City-St-Zip: MC KINNEY, TX 75069

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

Title: D (X) Change ( ) Addition  
Name: CRUZE, KIRK  
Address: HALF MILE LUMBER 9500 W ATLANTIC AVE  
City-St-Zip: DELRAY BEACH, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: GELATT, GLENN  
Address: HALF MILE LUMBER 9500 W ATLANTIC AVE  
City-St-Zip: DELRAY BEACH, FL

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

04/14/2009

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

\_\_\_\_\_  
Date