

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12923

FILED  
Apr 29, 2011  
Secretary of State

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

**Current Principal Place of Business:**

3105 OLEANDER AVE  
FT PIERCE, FL 34982 US

**New Principal Place of Business:**

**Current Mailing Address:**

3105 OLEANDER AVE  
FT PIERCE, FL 34982 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:**

STAMM, ANNA L  
3105 OLEANDER AVE  
FT PIERCE, FL 34982 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  
Name: BAIRD, BRANDEN  
Address: CHAMBERS TRUSS 3105 OLEANDER  
City-St-Zip: FT PIERCE, FL 34982

Title: D  
Name: BECHT, BOB  
Address: CHAMBERS TRUSS 3105 OLEANDER  
City-St-Zip: FT PIERCE, FL 34982

Title: S/T  
Name: CHAMBERS, PHYLLIS  
Address: CHAMBERS TRUSS 3105 OLEANDER  
City-St-Zip: FT PIERCE, FL 34982

Title: D  
Name: RUEDE, MICHAEL  
Address: A-1 ROOF TRUSSES 4451 ST LUCIE BLVD  
City-St-Zip: FT PIERCE, FL 34946 US

Title: VP  
Name: BECHT, ROBERT  
Address: 7333 SEA PINES  
City-St-Zip: PORT ST LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: BRANDEN BAIRD

PRES

04/29/2011

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

\_\_\_\_\_  
Date