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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18629

1. Corporation Name

**SOUTHEASTERN COUNCIL OF IRONWORKER EMPLOYERS, IN
C.**

Principal Place of Business

% ROBERT D. EDWARDS
1040 N.W. 70TH WAY
PLANTATION FL 33313-6034

Mailing Address

% ROBERT D. EDWARDS
1040 N.W. 70TH WAY
PLANTATION FL 33313-6034



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/06/1987

4. FEI Number

59-2792290

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

EDWARDS, MICHAEL J
5585 DONNELLY CIR
ORLANDO FL 32821

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~PTD~~ ☐ DELETE
NAME EDWARDS, ROBERT D.
STREET ADDRESS ~~1040 N.W. 70TH WAY~~
CITY-ST-ZIP ~~PLANTATION FL~~

TITLE VSD ☐ DELETE
NAME MICHAEL J EDWARDS
STREET ADDRESS 5585 DONNELLY CIRCLE
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE
NAME SHEFFIELD, BILLY
STREET ADDRESS 465 CANAVERAL GROVES BLVD.
CITY-ST-ZIP COCOA FL

TITLE D ☐ DELETE
NAME HUGH BOSTIC
STREET ADDRESS 7990 NW 60TH STREET
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD ☒ Change ☐ Addition
1.2 NAME EDWARDS, ROBERT D.
1.3 STREET ADDRESS 4921 SAN PABLO COURT
1.4 CITY-ST-ZIP NAPLES, FL

2.1 TITLE PTSD ☒ Change ☐ Addition
2.2 NAME MICHAEL J EDWARDS
2.3 STREET ADDRESS 5585 DONNELLY CIRCLE
2.4 CITY-ST-ZIP ORLANDO FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME HUGH BOSTIC
4.3 STREET ADDRESS 7740 N.W. 34TH STREET
4.4 CITY-ST-ZIP MIAMI FL 33122

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J EDWARDS

4/26/99 407-238-2036

Date

Daytime Phone #

CR2E037 (11/98)