2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18629

FILED Apr 20, 2004 Secretary of State

Entity Name: S.E. COUNCIL OF IRONWORKER EMPLOYERS, INC.

Current Principal Place of Business: New Principal Place of Business: 5585 DONNELLY CIRCLE 3661 NW 126 AVENUE ORLANDO, FL 32821 CORAL SPRINGS, FL 33071 **Current Mailing Address: New Mailing Address:** 5585 DONNELLY CIRCLE 3661 NW 126 AVENUE ORLANDO, FL 32821 CORAL SPRINGS, FL 33071 FEI Number: 59-2792290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: EDWARDS, MICHAEL J LEIBY, LARRY R 5585 DONNELLY CIR 1390 N. UNIVERSITY DRIVE ORLANDO, FL 32821 US PLANTATION, FL 33322 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: LARRY R. LEIBY 04/20/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PTSD (X) Change () Addition () Delete EDWARDS, MICHAEL J BOSTIC, JUDITH Name: Name: 5585 DONNELLY CIRCLE Address: 7740 NW 44 STREET Address: City-St-Zip: ORLANDO, FL City-St-Zip: MIAMI, FL 33122 US Title: VD () Delete Title: (X) Change () Addition Name: EDWARDS, ROBERT D Name: BERGEL, ALEXANDER Address: 4921 SAN PABLO CT. Address: 3661 NW 126 AVENUE City-St-Zip: NAPLES, FL 34109 City-St-Zip: CORAL SPRINGS, FL 33071 US Title: () Delete Title: **VPD** () Change (X) Addition JOHNSON, JAMES H JR. Name: Name: 4532 SW 71 AVENUE Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33155 US Title: () Delete Title: STD () Change (X) Addition MCDONOUGH, FRAN Name: Name: 4300 SW 59 AVENUE Address: Address: City-St-Zip: City-St-Zip: DAVIE, FL 33314 US Title: () Delete Title: () Change (X) Addition HODGES, DAN Name: Name: 10810 SW 188 STREET Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33157 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JUDITH BOSTIC CH D 04/20/2004