

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2008 8:00 am
Secretary of State

05-19-2008 90048 001 ***741.25
07-29-2008 90033 001 ***143.75

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01242008 Chg-NP CR2E037 (12/06)

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|--|--|--|--|---|--|
| DOCUMENT # N22631 1. Entity Name ALUMINUM ASSOCIATION OF FLORIDA, TREASURE COAST CHAPTER, INC. | | | | | |
| Principal Place of Business 1650 S. DIXIE HWY STE 500 BOCA RATON, FL 33432 | | | Mailing Address 1650 S. DIXIE HWY STE 500 BOCA RATON, FL 33432 | | |
| 2. Principal Place of Business - No P.O. Box # 3165 McCrory Place | | 3. Mailing Address 3165 McCrory Place | | | |
| Suite, Apt. #, etc. Suite 185 | | Suite, Apt. #, etc. Suite 185 | | | |
| City & State Orlando, FL | | City & State Orlando, FL | | 4. FEI Number 65-0111087 | |
| Zip 32803 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SAUNDERS, PAUL 1650 S DIXIE HWY STE 500 BOCA RATON, FL 33432 | | | 7. Name and Address of New Registered Agent Name Wanda Classe Street Address (P.O. Box Number is Not Acceptable) 3165 McCrory Place Suite 185 City Orlando FL Zip Code 32803 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <u>Wanda Classe</u> WANDA CLASSE 4-25-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MOORE, RICHARD 1634 NIEMEYER CIRCLE PORT ST LUCIE, FL 34952 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WHIGHAM, GARY 4801 N US HWY 1 FORT PIERCE, FL 34982 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD THORNBERRY, DALE 4801 S US HIGHWAY 1 FT PIERCE, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SAUNDERS, PAUL 1650 S. DIXIE HWY, STE. 500 BOCA RATON, FL 33432 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Wanda Classe 3165 McCrory Place, Suite 185 Orlando, FL 32803 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: Wanda Classe WANDA CLASSE 4-25-08 407-898-8587 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |