

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22631

FILED
Apr 30, 2009
Secretary of State

Entity Name: ALUMINUM ASSOCIATION OF FLORIDA, TREASURE COAST CHAPTER, INC.

Current Principal Place of Business:

3165 MCCRORY PLACE
STE 185
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

3165 MCCRORY PLACE
STE 185
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 65-0111087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLASSE, WANDA
3165 MCCRORY PLACE
SUITE 185
ORLANDO, FL 32803 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: PD () Delete
Name: MOORE, RICHARD
Address: 1634 NIEMEYER CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: VD () Delete
Name: WHIGHAM, GARY
Address: 4801 N US HWY 1
City-St-Zip: FORT PIERCE, FL 34982

Title: VD () Delete
Name: THORNBERRY, DALE
Address: 4801 S US HIGHWAY 1
City-St-Zip: FT PIERCE, FL

Title: D () Delete
Name: CLASSE, WANDA
Address: 3165 MCCRORY PLACE, SUITE 185
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: M (X) Change () Addition
Name: CLASSE, WANDA
Address: 3165 MCCRORY PLACE, SUITE 185
City-St-Zip: ORLANDO, FL 32803

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: WANDA CLASSE

M

04/30/2009

Electronic Signature of Signing Officer or Director

Date