

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23527

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: MASONRY ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**

P O BOX 160820  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

300 SOUTH ANDREWS AVE. #10  
POMPANO BEACH, FL 33069 US

**Current Mailing Address:**

P O BOX 160820  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

300 SOUTH ANDREWS AVE. #10  
POMPANO BEACH, FL 33069 US

FEI Number: 59-2855963

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SNYDER, JAY  
2526 ANACONDA TRAIL  
WINTER PARK, FL 32789 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: TD ( ) Delete  
Name: AMBACH, JOHN  
Address: 221 NORTH LAKE AVE  
City-St-Zip: TAVARES, FL

Title: VD (X) Delete  
Name: BROOKSHIRE, DEVON  
Address: PO BOX 16890  
City-St-Zip: TAMPA, FL 33687

Title: TD ( ) Delete  
Name: SNYDER, JAY  
Address: 2526 ANACONDA TRAIL  
City-St-Zip: WINTER PARK, FL

Title: D ( ) Delete  
Name: LAGEMANN, DAN  
Address: 131 31ST ST.,N.W.  
City-St-Zip: NAPLES, FL

Title: PD ( ) Delete  
Name: ANASTASI, SAM  
Address: 300 S.W. 12TH AVE., #10  
City-St-Zip: POMPANO BEACH, FL

**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: VP (X) Change ( ) Addition  
Name: TRULEY, BRET  
Address: 131 31ST ST.,N.W.  
City-St-Zip: NAPLES, FL

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

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: SAM ANASTASI

PRES

04/24/2008

Electronic Signature of Signing Officer or Director

Date