

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23527

FILED
Feb 19, 2010
Secretary of State

Entity Name: MASONRY ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

398 CAMINO GARDENS BLVD
PLAZA V, SUITE 108
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

398 CAMINO GARDENS BLVD
PLAZA V, SUITE 108
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 59-2855963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SNYDER, JAY
1717 ACME STREET
ORLANDO, FL 32805 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: CHRM
Name: BROOKSHIRE, DEVON
Address: 11700 58TH ST. NO. STE D
City-St-Zip: TAMPA, FL 33617

Title: VC
Name: SNYDER, JAY
Address: 1717 ACME STREET
City-St-Zip: ORLANDO, FL 32805

Title: VC
Name: CARLTON, ROBERT
Address: 134 POOLE BLVD
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: SECY
Name: JENKINS, ROCKY
Address: 3365 E. INDUSTRY RD
City-St-Zip: COCOA, FL 32926

Title: ED
Name: MCLAUGHLIN, PATRICK J
Address: 398 CAMINO GARDENS BLVD, #108
City-St-Zip: BOCA RATON, FL 33432

Title: TREA
Name: LARSON, DANIELLE
Address: PO BOX 1123319
City-St-Zip: NAPLES, FL 34108

I hereby 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 all other like empowered.

SIGNATURE: PATRICK J. MCLAUGHLIN

E.D.

02/19/2010

Electronic Signature of Signing Officer or Director

Date