

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27351

FILED
May 10, 2009
Secretary of State

Entity Name: AMERICAN SUBCONTRACTORS ASSOCIATION OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

1532 SILVER RIDGE DR
CANTONMENT, FL 32533 US

New Principal Place of Business:

Current Mailing Address:

1532 SILVER RIDGE DR
CANTONMENT, FL 32533 US

New Mailing Address:

FEI Number: 59-2911963 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STROEHL, JAMIE
1532 SILVER RIDGE DR
CANTONMENT, FL 32533 US

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: P () Delete
Name: WATTERS, WOODY
Address: 3901 N PALAFOX
City-St-Zip: PENSACOLA, FL 32523

Title: D () Delete
Name: WONDERS, ED
Address: 3127 EAST LANGLEY AVENUE
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: SHWARTZ, DEBBIE
Address: 7465 N. PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: MERRITT, CHIP
Address: 4139 N DAVIS HWY.
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: CONNELL, MICKEY
Address: 5421 MULAT ROAD
City-St-Zip: MILTON, FL 32583

Title: V () Delete
Name: LOCKETT, RICKY
Address: 435 CORDAY STREET
City-St-Zip: PENSACOLA, FL 32503

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

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

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: JAMIE STROEHL

CHAP

05/10/2009

Electronic Signature of Signing Officer or Director

Date