

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27351

**FILED**  
**May 01, 2011**  
**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 ( )**

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

STROEHL, JAMIE  
1532 SILVER RIDGE DR  
CANTONMENT, FL 32533 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: P  
Name: LOCKETT, RICKY  
Address: 435 CORDAY STREET  
City-St-Zip: PENSACOLA, FL 32503

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

Title: D  
Name: PURDY, ADAM  
Address: 18 STUMPFIELD ROAD  
City-St-Zip: PENSACOLA, FL 32503

Title: T  
Name: FERGUSON, TOM  
Address: 22657 CANAL ROAD  
City-St-Zip: ORANGE BEACH, AL 36561

Title: V  
Name: WATTERS, WOODY  
Address: 3901 N PALAFOX STREET  
City-St-Zip: PENSACOLA, FL 32505

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: JAMIE STROEHL

CA

05/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date