2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31456

Sep 01, 2009 Secretary of State

Entity Name: MASONRY CONTRACTORS ASSOCIATION OF FLORIDA - TAMPA BAY CHAPTER, INC.

Current Principal Place of Business: New Principal Place of Business:

1103 DEER RUN PLACE VALRICO, FL 33594

Current Mailing Address: New Mailing Address:

P.O. BOX 2505

VALRICO, FL 33595 US

FEI Number: 59-2977034 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:

PELHAM, LISA R 1103 DEÉR RUN PLACE VALRICO, FL 33594

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition LUEBS, DAVE HEINDORF, AL Name: Name: 5403 ASHTON COURT Address: P.O. BOX 2505 Address: SARASOTA, FL 34233 City-St-Zip: City-St-Zip: VALRICO, FL 33595

Title: TREA () Delete Title: (X) Change () Addition Name: PELHAM, LISA R Name: PELHAM, LISA R Address: Address:

P.O. BOX 2505 P.O. BOX 2505 City-St-Zip: VALRICO, FL 33595 City-St-Zip: VALRICO, FL 33595

Title: SEC () Delete Title: (X) Change () Addition

BAKER, SCOTT GRIER, SHARON Name: Name: P.O. BOX 2505 Address: P.O. BOX 2505 Address: City-St-Zip: VALRICO, FL 33595 City-St-Zip: VALRICO, FL 33595

() Change (X) Addition Title: () Delete Title:

Name: Name: WHITE, TOM Address: Address: P.O. BOX 2505 City-St-Zip: City-St-Zip: VALRICO, FL 33595

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: LISA R. PELHAM Т 09/01/2009