2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32590

FILED Jan 09, 2008 Secretary of State

Entity Name: UTILITY CONTRACTORS ASSOCIATION OF NORTH FLORIDA INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
STE 106	HPOINT BLVD					
JACKSON\	/ILLE, FL 3221	6 US				
Current Mailing Address:			New Maili	New Mailing Address:		
4110 SOUTHPOINT BLVD SUITE 106 JACKSONVILLE, FL 32216 US						
FEI Number:			Number Not Appl	licable () Certificate of Status Desired ()		
		., ,,		, ,		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
WRIGHT, FULFORD, MOORHEAD & WITTEK, P.A. 145 N. MAGNOLIA AVE ORLANDO, FL 32801 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.						
SIGNATUR	E:					
	Electronic	Signature of Registered Agent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () D BARRON, BILL P.O. BOX 56317 JACKSONVILLE,		Title: Name: Address: City-St-Zip:	D (X) Change () Addition ATWELL, LAUREN 5634 W. 5TH STREET JACKSONVILLE, FL 32254		
Title: Name: Address: City-St-Zip:	TS () D BASYE, RICHARI 2780 LLOYD ROA JACKSONVILLE,	AD.	Title: Name: Address: City-St-Zip:	TS (X) Change () Addition BOCCHINO, BILL 12776 SAN JOSE BLVD. #312 JACKSONVILLE, FL 32223		
Title: Name: Address: City-St-Zip:	D () C KELECIUS, TOM 9531 FLORIDA M JACKSONVILLE,		Title: Name: Address: City-St-Zip:	P (X) Change () Addition KELECIUS, TOM 9531 FLORIDA MINING BLVD JACKSONVILLE, FL 32257		
Title: Name: Address: City-St-Zip:	P () C BRYAN, KIM 3225 ANNISTON JACKSONVILLE,		Title: Name: Address: City-St-Zip:	D (X) Change () Addition BRYAN, KIM 3225 ANNISTON RD JACKSONVILLE, FL 32246		
Title: Name: Address: City-St-Zip:	D () D BOWMASTER, B 9692 FLORIDA M JACKSONVILLE,	LAKE IINING BOULEVARD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition GOODE, JAKE 2663 ROBERTS STREET JACKSONVILLE, FL 32207		
Title: Name: Address: City-St-Zip:	D ()C CLARK, BEAU 6900 PHILLIPS H JACKSONVILLE,	IGHWAY	Title: Name: Address: City-St-Zip:	()Change ()Addition		

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: TOM KELECIUS P 01/09/2008