## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N32590

FILED Feb 16, 2010 Secretary of State

Entity Name: UTILITY CONTRACTORS ASSOCIATION OF NORTH FLORIDA INC.

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

4110 SOUTHPOINT BLVD 4110 SOUTHPOINT BLVD

STE 106 STE 112

JACKSONVILLE, FL 32216 US JACKSONVILLE, FL 32216 US

Current Mailing Address: New Mailing Address:

4110 SOUTHPOINT BLVD 4110 SOUTHPOINT BLVD

SUITE 106 STE 112

US

JACKSONVILLE, FL 32216 US JACKSONVILLE, FL 32216 US

FEI Number: 59-2950586 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ATWELL, LAUREN 5634 W. 5TH STREET JACKSONVILLE, FL 32254

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: D

 Name:
 ATWELL, LAUREN

 Address:
 5634 W. 5TH STREET

 City-St-Zip:
 JACKSONVILLE, FL 32254

Title: D

 Name:
 BRYAN, KIMBERLY

 Address:
 1025 BLASIUS ROAD

 City-St-Zip:
 JACKSONVILLE, FL 32226

Title:

Name: HINSON, J. DAVID Address: P.O. BOX 11435

City-St-Zip: JACKSONVILLE, FL 32239

Title:

Name: ZEBOUNI, ANTHONY

Address: 9905 ST. AUGUSTINE ROAD STE 400

City-St-Zip: JACKSONVILLE, FL 32257

Title: F

 Name:
 PORTER, ED

 Address:
 7587 WILSON BLVD

 City-St-Zip:
 JACKSONVILLE, FL 32210

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: LAUREN ATWELL D 02/16/2010