
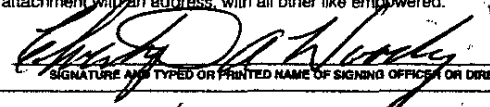


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90056 031 ****61.25

| | | | | | |
|---|--|---|--|---|---|
| DOCUMENT # N38222 1. Entity Name CARPENTERS LOCAL UNION NO. 130 HOLDING CORPORATION, INC. | | | |  | |
| Principal Place of Business 1810 OLD OKEECHOBEE ROAD WEST PALM BEACH, FL 33409 | | | Mailing Address 1810 OLD OKEECHOBEE ROAD WEST PALM BEACH, FL 33409 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 65-0356006 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent HANSON, MARY J 105 SOUTH NARCISSUS AVENUE SUITE 510 WEST PALM BEACH, FL 33401 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KEIFFER, DONALD 829 STAFFORD DRIVE LAKE WORTH, FL 33467 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | FS CRESTA, PAUL N 1810 OLD OKEECHOBEE ROAD WEST PALM BEACH, FL 33409 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | FS Christopher A. Woody 1810 OLD OKEECHOBEE ROAD West Palm Beach, FL 33409 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | RS MIKENANS, GREG 4197 KIVEY DRIVE LAKE WORTH, FL 33460 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR SHRESBURY, DANIEL 1000 OKLWASHA STREET STUART, FL 34997 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR Kenneth W. Kowalchuk 1810 OLD OKEECHOBEE ROAD West Palm Beach, FL 33409 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR JEFF MARTIN, CLIFFORD 3802 SE 25TH STREET OKEECHOBEE, FL 34974 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR Kari J. Lampinen 1810 OLD OKEECHOBEE ROAD West Palm Beach, FL 33409 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR FLANAGAN, KENNETH 1810 OLD OKEECHOBEE ROAD WEST PALM BEACH, FL 33409 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR Kenneth L. CADOGAN 1810 OLD OKEECHOBEE ROAD West Palm Beach, FL 33409 |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | 3/23/04 | | 561 686-2626 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |