

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90209 022 ****61.25

DOCUMENT # N93000000913

1. Entity Name

AMERICAN-CONCRETE-INSTITUTE, FLORIDA GULF
CHAPTER, INC.

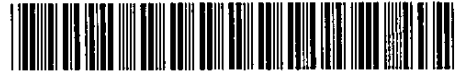


Principal Place of Business

6700 DANIELS PKWY
SUITE #4
FORT MYERS FL 33912
US

Mailing Address

PO BOX 367084
BONITA SPRINGS FL 34136
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number
65-0389881

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LESSARD, NORM
5785 GRANDE RESERVE WAY
904
NAPLES FL 34110-2359

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Norm Lessard, Treasurer

4-19-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	LESSARD, NORM	
STREET ADDRESS	5785 GRANDE RESERVE WAY, #904	
CITY-ST-ZIP	NAPLES FL 34110-2359	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RAAB, ROBERT A	
STREET ADDRESS	52524 CEDARBEND DR.	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BEVINS, MATTHEW	
STREET ADDRESS	8911 DANIELS PKWY # 3	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	S	<input type="checkbox"/> Delete
NAME	KNAUF, BILL	
STREET ADDRESS	PO BOX 4727	
CITY-ST-ZIP	N. FORT MYERS FL 33918	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG WALLACE	
STREET ADDRESS	PO BOX 367084	
CITY-ST-ZIP	BONITA SPRINGS FL 34136	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Norm Lessard

4-19-06

(237) 777-7406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #