

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000913

FILED  
Aug 17, 2009  
Secretary of State

**Entity Name:** AMERICAN CONCRETE INSTITUTE, FLORIDA GULF CHAPTER, INC.

**Current Principal Place of Business:**

6700 DANIELS PKWY  
SUITE #4  
FORT MYERS, FL 33912 US

**New Principal Place of Business:**

16790 GATOR RD  
FORT MYERS, FL 33912 US

**Current Mailing Address:**

PO BOX 367084  
BONITA SPRINGS, FL 34136 US

**New Mailing Address:**

**FEI Number:** 65-0389881 **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:**

LESSARD, NORM  
5785 GRANDE RESERVE WAY  
# 904  
NAPLES, FL 341102359 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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: LESSARD, NORM  
Address: 5785 GRANDE RESERVE WAY, #904  
City-St-Zip: NAPLES, FL 341102359

Title: P ( ) Delete  
Name: BEVINS, MATTHEW  
Address: 8911 DANIELS PKWY # 3  
City-St-Zip: FORT MYERS, FL 33912

Title: VP ( ) Delete  
Name: KNAUF, BILL  
Address: PO BOX 4727  
City-St-Zip: N. FORT MYERS, FL 33918

Title: S ( ) Delete  
Name: WALLACE, CRAIG  
Address: PO BOX 367084  
City-St-Zip: BONITA SPRINGS, FL 34136

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NORM LESSARD

TREA

08/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date