

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90100 029 ****70.00

DOCUMENT # N94000002532

1. Entity Name
**ALUMINUM ASSOCIATION OF FLORIDA CITRUS
CHAPTER, INC.**



Principal Place of Business
**1650 SOUTH DIXIE HIGHWAY
SUITE 500
BOCA RATON, FL 33432**

Mailing Address
**1650 SOUTH DIXIE HIGHWAY
SUITE 500
BOCA RATON, FL 33432**

20052000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3271938

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SAUNDERS, PAUL
1650 SOUTH DIXIE HIGHWAY SUITE 500
BOCA RATON, FL 33432**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MOBERLEY, MIKE
STREET ADDRESS 1586 N MEADOW CREST BLVD
CITY-ST-ZIP CRYSTAL RIVER, FL 34427

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTD ☒ Delete
NAME BLACKSHEAR, JIM
STREET ADDRESS 811 W GULF TO LAKE HWY
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MD ☐ Delete
NAME SAUNDERS, PAUL
STREET ADDRESS 1650 S DIXIE HWY STE 500
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME BROWDER, GEORGE
STREET ADDRESS 7022 W HWY 44
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Paul Saunders*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-05 (561) 362-9019

Date

Daytime Phone #