

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90048 001 ***741.25

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		
2. Principal Place of Business - No P.O. Box # 3165 McCrory Place		3. Mailing Address 3165 McCrory Place			
Suite, Apt. #, etc. Suite 185		Suite, Apt. #, etc. Suite 185			
City & State Orlando, FL		City & State Orlando, FL			
Zip 32803	Country	Zip 32803	Country	4. FEI Number 59-3271938	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAUNDERS, PAUL 1650 SOUTH DIXIE HIGHWAY SUITE 500 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name: Wanda Classe Street Address (P.O. Box Number is Not Acceptable): 3165 McCrory Place, Suite 185 City: Orlando FL Zip Code: 32803		
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 <i>Wanda Classe</i>		Wanda Classe		4-25-08	
Filing Fee is \$61.25 Due by May 1, 2008		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	PD MOBERLEY, MIKE 1586 N MEADOW CREST BLVD CRYSTAL RIVER, FL 34427		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wanda Classe 3165 McCrory Place #185 Orlando, FL 32803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SAUNDERS, PAUL 1650 S DIXIE HWY STE 500 BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wanda Classe 3165 McCrory Place #185 Orlando, FL 32803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, ROBERT 8111 W GULF TO LAKE HWY CRYSTAL RIVER, FL 34427		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wanda Classe 3165 McCrory Place #185 Orlando, FL 32803	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Wanda Classe</i>		Wanda Classe		4-25-08 407-898-8287	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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