2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State
05-10-2004 90470 038 ****61.25

DOCUMENT # N95000001077

1. Entity Name

NORTH CENTRAL FLORIDA BUILDERS COUNCIL, INC.

Principal Place of Business	Mailing Address
1232 BAYA AVENUE LAKE CITY FL 32055 US	PO BOX 2407 LAKE CITY FL 32056 US

04053713

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
8723W Jaguar Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake City, FL.	City & State
Zip: 32025 Country	Zip Country

4. FEI Number: NO-T APPLICABLE ☐ 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
CRAWFORD, STANLEY RT. 10 BOX 970 LAKE CITY FL 32025	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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANGRUM, DAVID RT 6 BOX 323 LAKE CITY FL 32025	☐ Delete	D Roxanne Maxson P.O. Box 3239 Lake City, FL 32056	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALTIWANGER, LONNIE P.O. BOX 2199 LAKE CITY FL 32056	☐ Delete	D Charles Peeler P.O. Box 2322 Lake City, FL 32056	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOHNS, BILL 4929 104TH TERRACE LIVE OAK FL 32060	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CRAWFORD, STEPHEN 991 SW CHARLESTON CT LAKE CITY FL 32025	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KEEN, SAMMY 764 SW RIVERSIDE FT WHITE FL 32038	☐ Delete	P Keen, Sammy 764 SW Riverside Ft. White, FL 32038	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LUNDE, BLAKE N II 119 GRAY GLEN LAKE CITY FL 32055	☐ Delete	V Lunde, Blake N. II 119 Gray Glen Lake City, FL 32055	☒ Change ☐ Addition

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: _____ Blake N. Lunde, II 4/29/04 (386) 754-5810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #