

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

06-13-2005 90002 033 ****66.25

DOCUMENT # N95000001077 1. Entity Name NORTH CENTRAL FLORIDA BUILDERS COUNCIL, INC.			
Principal Place of Business 872 SW JAGUAR DR. LAKE CITY, FL 32025 US		Mailing Address PO BOX 2407 LAKE CITY, FL 32056 US	
2. Principal Place of Business 323 South Marion Ave Suite, Apt. #, etc.		3. Mailing Address 323 South Marion Ave Suite, Apt. #, etc.	
City & State Lake City, FL Zip 32025		City & State Lake City, FL Zip 32025	
Country Columbia		Country Columbia	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRAWFORD, STANLEY RT. 10 BOX 970 LAKE CITY, FL 32025		7. Name and Address of New Registered Agent Robert Parnell Street Address (P.O. Box Number is Not Acceptable) 323 South Marion Ave City Lake City FL Zip Code 32025	
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 <u>Robert W Parnell</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by September 7, 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 NAME STREET ADDRESS CITY-ST-ZIP	D MANGRUM, DAVID RT 6 BOX 323 LAKE CITY, FL 32025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mangrum, David PO Box 523 Lake City, FL 32056-0533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALTIWANGER, LONNIE P.O. BOX 2199 LAKE CITY, FL 32056	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y Crawford, Brian 2109 W US Hwy 90 Ste 170-144 Lake City, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNS, BILL 4929 104TH TERRACE LIVE OAK, FL 32060	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Robert Parnell 323 South Marion St Lake City, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRAWFORD, STEPHEN 991 SW CHARLESTON CT LAKE CITY, FL 32025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Crawford, Stanley 1531 SW Commercial Glen Lake City, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEEN, SAMMY 764 SW RIVERSIDE FT WHITE, FL 32038	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Keen, Sammy 764 SW Riverside Ft. White, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUNDE, BLAKE N II 119 GRAY GLEN LAKE CITY, FL 32055	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Lund, Blake N. II 872 SW Jaguar Dr. Lake City, FL 32025
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: <u>Robert W Parnell</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	