

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000919

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: WEST FLORIDA TRUSS ASSOCIATION, INC.

## Current Principal Place of Business:

1975 20TH AVENUE SE  
LARGO, FL 33771

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1345  
LARGO, FL 33779

## New Mailing Address:

FEI Number: 59-3375464

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASHMAN, RICHARD  
1975 20TH AVENUE SE  
LARGO, FL 33771 US

## Name and Address of New Registered Agent:

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: D ( ) Delete  
Name: CASHMAN, RICHARD  
Address: P.O. BOX 1345  
City-St-Zip: LARGO, FL 33779

Title: PD ( ) Delete  
Name: GOLEY, JOHN  
Address: 8505 SUN STATE  
City-St-Zip: TAMPA, FL 33634

Title: SD ( ) Delete  
Name: GAINES, RON  
Address: 3214 W. TACON ST  
City-St-Zip: TAMPA, FL 33627

Title: D ( ) Delete  
Name: DEL VALLE, RALPH  
Address: 13601 US HIGHWAY 41  
City-St-Zip: SPRINGHILL, FL 34610

Title: TD ( ) Delete  
Name: SANTOS, STEPHEN  
Address: P.O. BOX 1345  
City-St-Zip: LARGO, FL 33779

Title: D ( ) Delete  
Name: WALL, ROBERT  
Address: 24710 STATE ROAD 54  
City-St-Zip: LUTZ, FL 33559

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: GOLEY, JOHN  
Address: 8505 SUN STATE  
City-St-Zip: TAMPA, FL 33634

Title: SD (X) Change ( ) Addition  
Name: LABLANCE, KELLY  
Address: P.O. BOX 1345  
City-St-Zip: LARGO, FL 33779

Title: PD (X) Change ( ) Addition  
Name: DEL VALLE, RALPH  
Address: 13601 US HIGHWAY 41  
City-St-Zip: SPRINGHILL, FL 34610

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: RICHARD CASHMAN

D

03/23/2009

Electronic Signature of Signing Officer or Director

Date