2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# N97000003936

Entity Name: MANASOTA PHCC PLUMBING APPRENTICESHIP PROGRAM, INC.

Current Principal Place of Business:

4218 CARRIAGE DRIVE
SARASOTA, FL 34241 US

New Principal Place of Business:

Current Mailing Address:

4218 CARRIAGE DRIVE
SARASOTA, FL 34241 US

New Mailing Address:

FEI Number: 65-0803675 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIKE, KRIS D
4218 CARRIAGE DRIVE
SARASOTA, FL 34241 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: DC ( ) Delete
Name: RIZI, BOB
Address: 5701 DEREK AVE
City-St-Zip: SARASOTA, FL 34233

Title: D ( ) Delete
Name: BOULDRY, DAN
Address: 2240 INDUSTRIAL BLVD
City-St-Zip: SARASOTA, FL 34234

Title: DT ( ) Delete
Name: LETTERMAN, BOB
Address: 5164 GANTT RD
City-St-Zip: SARASOTA, FL 34233

Title: D ( ) Delete
Name: POWERS, BOB
Address: 7606 41ST. AVE. E
City-St-Zip: BRADENTON, FL 34208

Title: DS ( ) Delete
Name: URBAN, JAMES
Address: 2303 9TH STREET EAST
City-St-Zip: BRADENTON, FL 34208

Title: D ( ) Delete
Name: SUTTON, CLAYTON
Address: 4724 53RD AVE. E
City-St-Zip: BRADENTON, FL 34208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: BOB RIZI DC 04/18/2008

Electronic Signature of Signing Officer or Director — Date