

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 14, 2012
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
Name: POWERS, ROBERT E
Address: 7606 41ST AVE EAST
City-St-Zip: BRADENTON, FL 34208

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

Title: DT
Name: SUTTON, CLAYTON
Address: 4724 53RD AVE EAST
City-St-Zip: BRADENTON, FL 34208

Title: D
Name: BOGACZ, PAUL
Address: 2249 INDUSTRIAL BLVD
City-St-Zip: SARASOTA, FL 34234

Title: DS
Name: HALL, JAMES
Address: 6143 CLARK CENTER AVENUE
City-St-Zip: SARASOTA, FL 34236

Title: D
Name: WOLF, ROBB
Address: 5670 PINKNEY AVE
City-St-Zip: SARASOTA, FL 34233

I hereby 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 all other like empowered.

SIGNATURE: ROBERT E. POWERS

DC

05/14/2012

Electronic Signature of Signing Officer or Director

Date