

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006114

FILED
Mar 27, 2008
Secretary of State

Entity Name: NORTH CENTRAL FLORIDA ROOFING AND SHEET METAL CONTRACTORS ASSOCIATION, INC.

Current Principal Place of Business:

1011 S.W. 33RD STREET
SUITE 200
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

1011 S.W. 33RD STREET
SUITE 200
OCALA, FL 34474

New Mailing Address:

FEI Number: 59-3511829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHANAHAN, TIM
1011 S.W. 33RD STREET
SUITE 200
OCALA, FL 34474 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: PD () Delete
Name: HICKMAN, DON
Address: PO BOX 5515
City-St-Zip: GAINESVILLE, FL 32627 55

Title: VD () Delete
Name: CRAIG, JACK
Address: 5891 SE 78 ST
City-St-Zip: OCALA, FL 34472

Title: SD () Delete
Name: BRYANS, ANGELA
Address: 4823 NW 6TH ST
City-St-Zip: GAINESVILLE, FL 32609

Title: TD () Delete
Name: SHANAHAN, TIM
Address: 1011 S.W. 33RD STREET, STE 200
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: COOK, MELISSA
Address: 4823 NW 6TH ST
City-St-Zip: GAINESVILLE, FL 32609

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: TIM SHANAHAN

TD

03/27/2008

Electronic Signature of Signing Officer or Director

Date