

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N97000006114

**FILED**  
**Mar 02, 2011**  
**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:**

3424 SW 84TH ST  
GAINESVILLE, FL 32608

**Current Mailing Address:**

PO BOX 1628  
OCALA, FL 34478 16

**New Mailing Address:**

PO BOX 141792  
GAINESVILLE, FL 32608

**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:**

GODWIN, W.L.  
3424 SW 84TH ST  
GAINESVILLE, FL 32608 US

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: W.L. GODWIN

03/02/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SCHMIDT, AL  
Address: PO BOX 141792  
City-St-Zip: GAINESVILLE, FL 32608

Title: VD  
Name: JOHNSON, CHARLOTTE  
Address: PO BOX 141792  
City-St-Zip: GAINESVILLE, FL 32608

Title: SD  
Name: BOWEN, RUSSELL  
Address: PO BOX 141792  
City-St-Zip: GAINESVILLE, FL 32608

Title: TD  
Name: GODWIN, W.L.  
Address: PO BOX 141792  
City-St-Zip: GAINESVILLE, FL 32608

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: W.L. GODWIN

TD

03/02/2011

Electronic Signature of Signing Officer or Director

Date