

FILE NOW: FILING FEE IS \$61.25

FILED  
May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22035** (2)

1. Corporation Name

**FLORIDA ELECTRICAL APPRENTICESHIP & TRAINING, IN C.**



Principal Place of Business <b>8581 AVENUE C ORLANDO FL 32827 US</b>	Mailing Address <b>8581 AVENUE C ORLANDO FL 32827 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>08/13/1987</b>	4. FEI Number <b>59-2866435</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SASSO, MICHAEL 1031 W. MORSE BLVD. WINTER PK FL 32789</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>320 N. Orange Ave. Ste. 2700</b> 83 84 City <b>Orlando,</b> <b>FL</b> 85 Zip Code <b>32801</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHULZ, RICHARD A.</b>	1.2 NAME	
STREET ADDRESS	<b>127 SEMORAN COMMERCE PL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APOPKA FL</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMPSON, STEPHEN</b>	2.2 NAME	
STREET ADDRESS	<b>630 KISSIMMEE AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCFEE FL</b>	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>1428 E SEMORAN BLVD SUITE 120</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APOPKA FL</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, JESSIE</b>	4.2 NAME	
STREET ADDRESS	<b>410 NORTH STREET UNIT 130</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREINER, MICHAEL</b>	5.2 NAME	
STREET ADDRESS	<b>630 KISSIMMEE AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCFEE FL</b>	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEETS, DAVID</b>	6.2 NAME	
STREET ADDRESS	<b>430 W DR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALTAMONTE SPGS FL</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13. If changed, or on an attachment with an address.

SIGNATURE: Richard A. Schulz **RICHARD A. SCHULZ** 4-21-98 (407) 8809400

CP2E037 (10/97)