2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2004 8:00 am **Secretary of State**

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DOCUMENT # N22035 FLORIDA ELECTRICAL APPRENTICESHIP & TRAINING. Principal Place of Business Mailing Address PO BOX 592949 2900 W OAK RIDGE RD 1600 ORLANDO, FL 32859 US ORLANDO, FL 32809 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent SASSO, MICHAEL 390 N ORANGE AVENUE, STE 2700 ORLANDO, FL 32801

01272004 Cha-NP CR2E037 (10/03) Applied For 59-2866435 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) Make check payable to 9 Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be -Trust Fund Contribution - " " C□" Due by May 1, 2004 Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE -☐ Delete TITLE ☐ Addition ☐ Change FREINER, MICHAEL NAME NAME STREET ADDRESS 630 KISSIMMEE AVE. STREET ADDRESS CITY-ST-ZIP OCOEE, FL 34761 CITY-ST-ZIP TITLE ☑ Delete TITLE Change Addition THOMPSON, STEPHEN NAME NAME Cross, Kenneth STREET ADDRESS 630 KISSIMMEE AVE. STREET ADDRESS 530 W. Grand Street CITY-ST-7IP OCOEE, FL 34761 CITY-ST-ZIP Orlando, FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition GIFFORD, PAUL NAME NAME 1428 E SEMORAN BLVD SUITE 120 STREET ADDRESS STREET ADDRESS APOPKA, FL 32703 CITY ST-ZIP TITLE ☐ Delete Change ☐ Addition BROWN, RON Brown, Jim NAME NAME STREET ADDRESS 430 WEST DRIVE STREET ADDRESS ALTAMONTE SPRINGS, FL 32714 CITY-ST-ZIP City-St-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BLOETHNER, CRAIG NAME NAME STREET ADDRESS 411 W. ENTERPRISE ST. STREET ADDRESS CITY-ST-ZIP OCOEE, FL 34761 CITY-ST-ZIP TITLE □ Delete TITLE Change . ☐ Addition SHEETS, DAVID NAME NAME STREET ADDRESS 430 WEST DRIVE STREET ADDRESS

12. 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 report or supplemental 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 photomered to explore this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all effective empowered.

CITY-ST-ZIP

SIGNATURE Michael Freiner 03-11-04 407-656-2335 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CITY-ST-ZIP

ALTAMONTE SPGS, FL 32714



Affachment 2462/481 N22035

Florida Electrical Apprenticeship & Training, Inc. PO Box 592949, Orlando, FL 32859-2949

(407) 438-3328 FAX,(407)438-8202

FEI Number: 59-2866435

Additional Corporate Officers:

Wallace, Carl 630 Kissimmee Avenue Ocoee, FL 34761

Riche, David 2530 JMT Industrial Drive Apopka, FL 32703