2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 03, 2008 8:00 am
Secretary of State
03-03-2008 90195 022 ****61.25

DOCUMENT # N22035

1. Entity Name
FLORIDA ELECTRICAL APPRENTICESHIP & TRAINING, INC.

Principal Place of Business	Mailing Address
2900 W OAK RIDGE RD 1600 ORLANDO, FL 32809 US	PO BOX 592949 ORLANDO, FL 32859 US

02112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2866435
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SASSO, MICHAEL
390 N ORANGE AVENUE, STE 2700
ORLANDO, FL 32801

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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) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	FREINER, MICHAEL
STREET ADDRESS	630 KISSIMMEE AVE.
CITY-ST-ZIP	OCOEE, FL 34761
TITLE	D
NAME	STORCH, DAVID
STREET ADDRESS	2530 JMT INDUSTRIAL DR.
CITY-ST-ZIP	APOPKA, FL 32704
TITLE	P
NAME	GIFFORD, PAUL
STREET ADDRESS	1428 E SEMORAN BLVD SUITE 120
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	D
NAME	BROWN, JIM
STREET ADDRESS	430 WEST DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	T
NAME	BLOETHNER, CRAIG
STREET ADDRESS	411 W. ENTERPRISE ST.
CITY-ST-ZIP	OCOEE, FL 34761
TITLE	S
NAME	SHEETS, DAVID
STREET ADDRESS	430 WEST DRIVE
CITY-ST-ZIP	ALTAMONTE SPGS, FL 32714

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Freiner VP 2/18/08 407-438-3328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
400367705
FJN32035

F.E.A.T. Florida Electrical Apprenticeship & Training, Inc.
PO Box 592949, Orlando, FL 32859-2949
(407) 438-3328
FAX (407) 438-8202

10.

D
Tillman, Sabrina
875 Jackson St.
Winter Park, FL 32789

D
Thompson, Steve
630 Kimmimmee Ave.
Ocoee, FL 34761