2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2010
Secretary of State

DOCUMENT# N22035

Entity Name: FLORIDA ELECTRICAL APPRENTICESHIP & TRAINING, INC.

Current Principal Place of Business:

2900 W OAK RIDGE RD
BLDG. 1600
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 592949
ORLANDO, FL 32859 US

New Mailing Address:

FEI Number: 59-2866435 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SASSO, MICHAEL
390 N ORANGE AVENUE, STE 2700
ORLANDO, FL 32801 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: D
Name: FREINER, MICHAEL
Address: 630 KISSIMMEE AVE.
City-St-Zip: OCOEE, FL 34761

Title: D
Name: STORCH, DAVID
Address: 2530 JMT INDUSTRIAL DR.
City-St-Zip: APOPKA, FL 32704

Title: VP
Name: GIFFORD, PAUL
Address: 1428 E SEMORAN BLVD SUITE 120
City-St-Zip: APOPKA, FL 32703

Title: P
Name: BROWN, JIM
Address: 430 WEST DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T
Name: BLOETHNER, CRAIG
Address: 411 W. ENTERPRISE ST.
City-St-Zip: OCOEE, FL 34761

Title: D
Name: SHEETS, DAVID
Address: 430 WEST DRIVE
City-St-Zip: ALTAMONTE SPGS, FL 32714

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: CRAIG BLOETHNER T 04/06/2010

Electronic Signature of Signing Officer or Director Date