

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009368

FILED  
Apr 08, 2011  
Secretary of State

**Entity Name:** FLORIDA ALLIANCE FOR CONSTRUCTION EDUCATION, INC.

**Current Principal Place of Business:**

1115 CLEVELAND ST  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

1115 CLEVELAND ST  
CLEARWATER, FL 33755

**New Mailing Address:**

**FEI Number:** 04-3730547

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LYONS, GARY W  
311 S MISSOURI AVE  
CLEARWATER, FL 33756 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: SD  
Name: JOHNSON, JACK  
Address: 5401 98TH WAY N  
City-St-Zip: ST. PETE, FL 33708

Title: VPD  
Name: ZAGER, ERNIE  
Address: 1170 COULD STREET  
City-St-Zip: CLEARWATER, FL 33756

Title: PD  
Name: TAFELSKI, TOM  
Address: 12841 66TH ST N  
City-St-Zip: LARGO, FL 33773

Title: TD  
Name: MILLER, MARK  
Address: 1115 CLEVELAND ST  
City-St-Zip: CLEARWATER, FL 33755

Title: D  
Name: HOWE, STEVE  
Address: 12920 WALSINGHAM RD, UNIT D  
City-St-Zip: LARGO, FL 33774

Title: VPD  
Name: GLEATON, STEVE  
Address: 6720 46TH AVE N  
City-St-Zip: ST. PETE, FL 33709

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: MARK MILLER

TD

04/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date