

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 704675

**Entity Name:** ELECTRICAL COUNCIL OF FLORIDA, INCORPORATED**Current Principal Place of Business:**21845 DUPREE DR  
LAND O LAKES, FL 34639**Current Mailing Address:**PO BOX 457  
LAND O LAKES, FL 34639 US**FEI Number:** 59-1154660**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILLAN, CECILY L  
21845 DUPREE DR  
LAND O LAKES, FL 34639 US*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:** CECILY MILLAN

01/08/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ED  
Name MILLAN, CECILY L  
Address PO BOX 457  
City-State-Zip: LAND O LAKES FL 34639

Title PAST PRESIDENT  
Name HERSMAN, TIM  
Address PO BOX 457  
City-State-Zip: LAND O LAKES FL 34639

Title PRESIDENT  
Name CRUICKSHANK, GEORGE R.  
Address PO BOX 457  
City-State-Zip: LAND O LAKES FL 34639

Title 2ND VICE PRESIDENT  
Name SQUERI, BRYAN  
Address PO BOX 457  
City-State-Zip: LAND O LAKES FL 34639

Title VP  
Name DONNELLY, SHAWN  
Address PO BOX 457  
City-State-Zip: LAND O LAKES FL 34639

Title TREASURER  
Name AARON , ACORD  
Address PO BOX 457  
City-State-Zip: LAND O LAKES FL 34639

Title SECRETARY  
Name FORD, JASON  
Address PO BOX 457  
City-State-Zip: LAND O LAKES FL 34639

*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:** CECILY MILLAN**EXECUTIVE DIRECTOR**

01/08/2021

Electronic Signature of Signing Officer/Director Detail

Date