

2024 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

02/02/2024

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	1STVICE PRESIDENT
Name	DEBERRY, DAVID 1ST VP
Address	PO BOX 457
City-State-Zip:	LAND O LAKES FL 34639

Title	2ND VP
Name	HADY, JOSHUA 2ND VP
Address	PO BOX 457
City-State-Zip:	LAND O LAKES FL 34639

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

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

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

Title	PRESIDENT
Name	FORD, JASON PRESIDENT
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 L MILLAN**EXECUTIVE DIRECTOR**

02/02/2024

Electronic Signature of Signing Officer/Director Detail

Date