

2020 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

02/10/2020

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**

02/10/2020

Electronic Signature of Signing Officer/Director Detail

Date