

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719247

Entity Name: C. SPELLMAN, INC.**Current Principal Place of Business:**3435 FISKE BLVD.
ROCKLEDGE, FL 32955-4507**Current Mailing Address:**P.O. BOX 560531
ROCKLEDGE, FL 32956-0531 US**FEI Number:** 59-1654170**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMAS, WILFRED C. (BILL)
3435 FISKE BLVD
ROCKLEDGE, FL 32955 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	THOMAS, BILL
Address	3435 FISKE BLVD
City-State-Zip:	ROCKLEDGE FL 32955
Title	TREASURER
Name	CZUCHAN, FRANK R.
Address	3021 CAMBERLY CIR.
City-State-Zip:	VIERA FL 32940-6638
Title	DIRECTOR
Name	ABRAM, MAX L
Address	844 WESTPORT DRIVE
City-State-Zip:	ROCKLEDGE FL 32955-3564
Title	DIRECTOR
Name	RAUCH, THOMAS G.
Address	1841 ROCKLEDGE DR.
City-State-Zip:	ROCKLEDGE FL 32955-8159

Title	SECRETARY
Name	BLANCHARD, JOHN M.
Address	7170 RALSTON STREET
City-State-Zip:	MELBOURNE FL 32940
Title	D
Name	VAN ORMAN, ORLANDO N.
Address	1013 WEST STREET
City-State-Zip:	ROCKLEDGE FL 32955-2921
Title	VP
Name	DI LAGO, PAUL P.
Address	1815 LAUREL OAK DR. N
City-State-Zip:	ROCKLEDGE FL 32955-3412

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: JOHN M. BLANCHARD**SECRETARY****01/25/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date