

2021 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:** Yes**Name and Address of Current Registered Agent:**WALD, JAMES A
105 HIGHVIEW DR.
COCOA, FL 32922 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:** JAMES A. WALD

02/18/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name WALD, JAMES A
Address 105 HIGHVIEW DR.
City-State-Zip: COCOA FL 32922

Title DIRECTOR
Name TURNER, FRANK L.
Address 3435 FISKE BLVD
City-State-Zip: ROCKLEDGE FL 32955

Title VP
Name UTECHT, DAVID A
Address 1687 FENWAY CIRCLE
City-State-Zip: ROCKLEDGE FL 32955-3014

Title SECRETARY
Name SHARKEY, MICHAEL C
Address 886 EVERGREEN PL
City-State-Zip: ROCKLEDGE FL 32955-4149

Title DIRECTOR
Name PHELPS, CHARLES
Address 3435 S FISKE BLVD
City-State-Zip: ROCKLEDGE FL 32955

Title PRESIDENT
Name THOMAS, WILFRED
Address 3435 S FISKE BLVD
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name SCHMOYER, BARRY
Address 3435 S FISKE BLVD
City-State-Zip: ROCKLEDGE FL 32955

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: JAMES A WALD

TREASURER

02/18/2021

Electronic Signature of Signing Officer/Director Detail

Date