2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726016

Entity Name: CENTRAL FLORIDA CHAPTER ASSOCIATED BUILDERS AND

CONTRACTORS INC

Current Principal Place of Business:

651 DANVILLE DRIVE

200

ORLANDO, FL 32825-6393

Current Mailing Address:

651 DANVILLE DRIVE

200

ORLANDO, FL 32825-6393 US

FEI Number: 59-1447179 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WYLIE, MARK P 651 DANVILLE DR.

200

ORLANDO, FL 32825-6393 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 P Title TREASURER

Name WYLIE, MARK P Name PERSON, RONALD J.

Address 651 DANVILLE DRIVE STE. 200 Address 200 S. ORANGE AVE.

City-State-Zip: ORLANDO FL 32825-6393

City-State-Zip: ORLANDO FL 32801

Title OTHER, GENERAL COUNSEL Title VC

Name SASSO, MICHAEL C. Name WERT, THOMAS

Address 1031 WEST MORSE BLVD.
SUITE 120 Address 420 S. ORANGE AVE

SUITE 700

City-State-Zip: WINTER PARK FL 32789

City-State-Zip: ORLANDO FL 32801

Title CHAIRMAN

Title VC
Name BRIAN, PREBENDA

Address 255 S. ORANGE AVE.

SUITE 1100 Address 2169 N FORSYTH ROAD

City-State-Zip: ORLANDO FL 32801 City-State-Zip: ORLANDO FL 32807

Title VC Title VC

Name PARKS, MICHAEL Name BURKETT, ROY L

Address 111 N. ORANGE AVE. Address 799 BENNETT DRIVE

City-State-Zip: LONGWOOD FL 32750

City-State-Zip: ORLANDO FL 32801

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: MARK P. WYLIE PRESIDENT & CEO 02/08/2019

FILED Feb 08, 2019

Secretary of State

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