

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742012

**Entity Name:** INDEPENDENT ELECTRICAL CONTRACTORS-FWCC, INC.

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC9576867265**

**Current Principal Place of Business:**

4400 140TH AVE N.  
STE 170  
CLEARWATER, FL 33762

**Current Mailing Address:**

4400 140TH AVE N.  
STE 170  
CLEARWATER, FL 33762

**FEI Number:** 59-1849807

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MORA-BLACKWELDER, REINA L  
4400 140TH AVE N.  
STE 170  
CLEARWATER, FL 33762 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 SD, SECRETARY  
Name HARRISON, DANIEL  
Address 1726 W. CYPRESS STREET  
City-State-Zip: TAMPA FL 33606

Title PRESIDENT  
Name WHITE, TIMOTHY  
Address 4825 140TH AVE., NORTH  
City-State-Zip: CLEARWATER FL 33762

Title D, DIRECTOR  
Name WOOTEN, JAMES  
Address 6520 125TH AVENUE NORTH  
City-State-Zip: LARGO FL 33773

Title D  
Name TEPPER, JAMES  
Address 602 N. OREGON AVE.  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name MULLANEY, MICHAEL  
Address 2220 1ST AVE., SOUTH  
City-State-Zip: ST. PETERSBURG FL 33712

Title DIRECTOR  
Name OLSEN, JAMES  
Address 503 LAKEWOOD DR.  
City-State-Zip: OLDSMAR FL 34677

Title DIRECTOR  
Name SPITZER, CHARLES  
Address 3798 131ST AVE N  
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR  
Name CREECH, MAURY  
Address 103 DOUGLAS RD E STE B  
City-State-Zip: OLDSMAR FL 34677

**Continues on page 2**

*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:** TIMOTHY WHITE

**PRESIDENT**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name STRELSER, DAVID  
Address 7102 1/2 N 30TH ST.  
City-State-Zip: TAMPA FL 33610