

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744403

Entity Name: ELECTRICAL CONTRACTORS ASSOCIATION OF NORTHWEST FLORIDA, INC.**FILED**
Apr 17, 2016
Secretary of State
CC8376812042**Current Principal Place of Business:**906 WEST MAIN STREET
PENSACOLA, FL 32502**Current Mailing Address:**PO BOX 18363
PENSACOLA, FL 32523 US**FEI Number: 59-2072922****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KELSON, MICHELE B
906 WEST MAIN ST.
PENSACOLA, FL 32502 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 VP, DIRECTOR
Name GREEN, RUSSELL
Address 101 W. BURGESS ROAD
City-State-Zip: PENSACOLA FL 32503Title PRESIDENT, DIRECTOR
Name OLIVER, DUSTIN S
Address 1811 BLACKBIRD LANE
City-State-Zip: PENSACOLA FL 32534Title D
Name MCCOMBS, MICHAEL
Address 5217 HIGHWAY 90
City-State-Zip: MILTON FL 32572Title D
Name HAWKINS, DAVID
Address 9220 PINE FOREST RD
City-State-Zip: PENSACOLA FL 32534Title SECRETARY, DIRECTOR
Name ROBINSON, JOSEPH
Address 2339 TRUMAN STREET
City-State-Zip: PENSACOLA FL 32505Title TREASURER, DIRECTOR
Name MCDOANLD, PHILLIP
Address 4063 AVALON BOULEVARD
City-State-Zip: MILTON FL 32572

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: JOSEPH ROBINSON**SECRETARY****04/17/2016**

Electronic Signature of Signing Officer/Director Detail

Date