

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744403

Entity Name: ELECTRICAL CONTRACTORS ASSOCIATION OF NORTHWEST FLORIDA, INC.**FILED**
Apr 22, 2014
Secretary of State
CC7634016331**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 TREASURER, DIRECTOR
Name GREEN, RUSSELL
Address 101 W. BURGESS ROAD
City-State-Zip: PENSACOLA FL 32503Title PD
Name NELSON, CHARLES E
Address 6766 NICHOLS DRIVE
City-State-Zip: MILTON FL 32570Title D
Name HAWKINS, DAVID
Address 9220 PINE FOREST RD
City-State-Zip: PENSACOLA FL 32534Title VP, DIRECTOR
Name STURDIVANT, GARY D
Address 6455 HERMITAGE DRIVE
City-State-Zip: PENSACOLA FL 32504Title SECRETARY, DIRECTOR
Name OLIVER, DUSTIN S
Address 6961 SLASH PINE ROAD
City-State-Zip: PENSACOLA FL 32526

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: CHARLES E. NELSON**PRESIDENT****04/22/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date