

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009368

Entity Name: FLORIDA ALLIANCE FOR CONSTRUCTION EDUCATION, INC.**Current Principal Place of Business:**1115 CLEVELAND ST
CLEARWATER, FL 33755**Current Mailing Address:**1115 CLEVELAND ST
CLEARWATER, FL 33755**FEI Number:** 04-3730547**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LYONS, GARY W
311 S MISSOURI AVE
CLEARWATER, FL 33756 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
Name	JOHNSON, JACK
Address	5401 98TH WAY N
City-State-Zip:	ST. PETE FL 33708

Title	VPD
Name	ZAGER, ERNIE
Address	1170 COULD STREET
City-State-Zip:	CLEARWATER FL 33756

Title	PD
Name	TAFELSKI, TOM
Address	12841 66TH ST N
City-State-Zip:	LARGO FL 33773

Title	TD
Name	MILLER, MARK
Address	1115 CLEVELAND ST
City-State-Zip:	CLEARWATER FL 33755

Title	D
Name	HOWE, STEVE
Address	12920 WALSINGHAM RD, UNIT D
City-State-Zip:	LARGO FL 33774

Title	VPD
Name	GLEATON, STEVE
Address	6720 46TH AVE N
City-State-Zip:	ST. PETE FL 33709

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 MILLER

TD

04/02/2015

Electronic Signature of Signing Officer/Director Detail_____
Date