

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05698

FILED
Mar 12, 2019
Secretary of State
9287933034CC

Entity Name: CENTRAL FLORIDA CHAPTER OF THE AMERICAN CONCRETE INSTITUTE, INC.

Current Principal Place of Business:

239 CALLIOPE STREET
ORLANDO, FL 34761

Current Mailing Address:

239 CALLIOPE STREET
OCOEE, FL 34761 US

FEI Number: 59-2481318

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TU, DIEP T
239 CALLIOPE STREET
OCOEE, FL 34761 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: DIEP TU

03/12/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SOTOMAYOR, CHRIS
Address 239 CALLIOPE STREET
City-State-Zip: ORLANDO FL 34761

Title DIRECTOR
Name SEIGLER, AMY
Address 239 CALLIOPE STREET
City-State-Zip: ORLANDO FL 34761

Title DIRECTOR
Name RAMO, CARLA
Address 239 CALLIOPE STREET
City-State-Zip: ORLANDO FL 34761

Title DIRECTOR
Name THOMAS, DOUG
Address 239 CALLIOPE STREET
City-State-Zip: ORLANDO FL 34761

Title DIRECTOR
Name TU, DIEP
Address 239 CALLIOPE STREET
City-State-Zip: ORLANDO FL 34761

Title DIRECTOR
Name CAJAROP, JEFF
Address 239 CALLIOPE STREET
City-State-Zip: ORLANDO FL 34761

Title TREASURER
Name SUksAWANG, NAKIN
Address 239 CALLIOPE STREET
City-State-Zip: ORLANDO FL 34761

Title VP
Name RICHARDSON, TOM
Address 239 CALLIOPE STREET
City-State-Zip: ORLANDO FL 34761

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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: DIEP TU

DIRECTOR

03/12/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name LEFRANCOIS, SULLIE
Address 239 CALLIOPE STREET
City-State-Zip: ORLANDO FL 34761

Title DIRECTOR
Name MOTIWALA, KHALID
Address 239 CALLIOPE STREET
City-State-Zip: ORLANDO FL 34761