

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05698

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

**FILED**  
**Jan 10, 2023**  
**Secretary of State**  
**6015986989CC**

**Current Principal Place of Business:**

239 CALLIOPE STREET  
OCOEE, 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**

**01/10/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title OFFICER, VP  
Name RAMO, CARLA  
Address 239 CALLIOPE STREET  
City-State-Zip: OCOEE FL 34761

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

Title OFFICER, PRESIDENT  
Name CAJAROP, JEFF  
Address 239 CALLIOPE STREET  
City-State-Zip: OCOEE FL 34761

Title OFFICER, TREASURER  
Name SUKSAWANG, NAKIN  
Address 239 CALLIOPE STREET  
City-State-Zip: OCOEE FL 34761

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

Title OFFICER, SECRETARY  
Name LEFRANCOIS, SULLIE  
Address 239 CALLIOPE STREET  
City-State-Zip: OCOEE 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**

**01/10/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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