

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000006506

**FILED**  
**Mar 16, 2017**  
**Secretary of State**  
**CC5018704426**

**Entity Name:** THE FLORIDA CONCRETE MASONRY EDUCATION COUNCIL, INC.

**Current Principal Place of Business:**

6353 LEE VISTA BLVD.  
ORLANDO, FL 32822

**Current Mailing Address:**

6353 LEE VISTA BLVD  
ORLANDO, FL 32822 US

**FEI Number:** 47-1255713

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PAINTER, JAMES  
6353 LEE VISTA BLVD.  
ORLANDO, FL 32822 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:** JAMES PAINTER

03/16/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name CURTIS, KELLY  
Address 8529 S. PARK CIRCLE STE 320  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name DUNLAP, RANDY  
Address 455 FAIRWAY DRIVE STE 200  
City-State-Zip: DEERFIELD BEACH FL 33441

Title DIRECTOR  
Name SPARKMAN, PRESTON  
Address P.O. BOX 11  
City-State-Zip: BRANDON FL 33509

Title DIRECTOR  
Name CARLTON, ROBERT  
Address 280 BUSINESS PARK CIRCLE, #416  
City-State-Zip: ST AUGUSTINE FL 32095

Title DIRECTOR  
Name FREEMAN, ADAM  
Address 1617 S. DIVISION AVENUE  
City-State-Zip: ORLANDO FL 32805-4797

Title DIRECTOR/CHAIR  
Name MASCHMEYER, TROY  
Address 1142 WATERTOWER ROAD  
City-State-Zip: LAKE PARK FL 33403

Title DIRECTOR/VICE CHAIR  
Name LORD, JUSTIN  
Address 931 NW 53 CT  
City-State-Zip: FT. LAUDERDALE FL 33309

Title DIRECTOR/TREASURER  
Name EDWARDS, RICHARD  
Address 5920 W. LINEBAUGH AVE  
City-State-Zip: TAMPA FL 33624

**Continues on page 2**

*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:** JAMES PAINTER

EXEC DIRECTOR

03/16/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR/SECRETARY  
Name            MANOLAS, MONICA  
Address        1501 BELVEDERE ROAD  
City-State-Zip: WEST PALM BEACH FL 33406

Title            D  
Name            OBREGON, ANTONIO R  
Address        11379 NW 122 STREET  
City-State-Zip: MEDLEY FL 33178

Title            EXECUTIVE DIRECTOR  
Name            PAINTER, JAMES  
Address        6353 LEE VISTA BLVD.  
City-State-Zip: ORLANDO FL 32822