DOCUMENT# N1400006506 Entity Name: THE FLORIDA CONCRETE MASONRY EDUCATION COUNCIL, INC. **Current Principal Place of Business:**

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

6353 LEE VISTA BLVD. ORLANDO, FL 32822

Current Mailing Address:

P.O. BOX 12018 GAINESVILLE, FL 32604 US

FEI Number: 47-1255713

Name and Address of Current Registered Agent:

PAINTER, JAMES 6353 LEE VISTA BLVD. ORLANDO, FL 32822 US Certificate of Status Desired: No

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						
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	DIRECTOR	Title	DIECTOR			
Name	LOSIER, EARL	Name	CARLTON, ROBERT			
Address	455 FAIRWAY DRIVE STE 200	Address	134 POOLE BLVD			
City-State-Zip:	DEERFIELD BEACH FL 33441	City-State-Zip:	ST AUGUSTINE FL 32095			
Title	SECRETARY, DIRECTOR	Title	DIRECTOR			
Name	FREEMAN, ADAM	Name	MASCHMEYER, TROY			
Address	1617 S. DIVISION AVENUE	Address	1142 WATERTOWER ROAD			
City-State-Zip:	ORLANDO FL 32805-4797	City-State-Zip:	LAKE PARK FL 33403			
Title	DIRECTOR	Title	DIRECTOR			
Name	LORD, JUSTIN	Name	MANOLAS, MONICA			
Address	931 NW 53 CT	Address	P.O. BOX 445			
City-State-Zip:	FT. LAUDERDALE FL 33309	City-State-Zip:	SUMTERVILLE FL 33585			
Title	EXECUTIVE DIRECTOR	Title	CHAIRMAN			
Name	PAINTER, JAMES	Name	FALES, DARRYL			
Address	P.O. BOX 12018	Address	18080 GREEN MEADOW RD			
City-State-Zip:	GAINESVILLE FL 32604	City-State-Zip:	FT. MYERS FL 33913			
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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: JAMES PAINTER

EXE DIRECTOR

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 29, 2021 Secretary of State 9803817330CC

Officer/Director Detail Continued :

Title	DIRECTOR	Title	LIAISON
Name	SNYDER, JAY	Name	TRAVIS, TRINA
Address	1717 ACME STREET	Address	107 E MADISON ST
City-State-Zip:	ORLANDO FL 32805	City-State-Zip:	TALLAHASSEE FL 32399
Title	DIRECTOR	Title	DIRECTOR
Name	SMITH, MARK	Name	PARSONS, WILLIAM
Address	2480 US 129	Address	405 ZELL DRIVE
City-State-Zip:	BELL FL 32619	City-State-Zip:	ORLANDO FL 32824
Title	DIRECTOR		
Title	DIRECTOR		
Name	JENKINS, ROCKY		
Address	1501 BELVEDERE ROAD		

City-State-Zip: WEST PALM BEACH FL 33406