

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000006506

**FILED**  
**Mar 14, 2022**  
**Secretary of State**  
**2220279105CC**

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

**Current Principal Place of Business:**

6353 LEE VISTA BLVD.  
ORLANDO, FL 32822

**Current Mailing Address:**

P.O. BOX 12018  
GAINESVILLE, FL 32604 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**

**03/14/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, VC  
Name LOSIER, EARL  
Address 455 FAIRWAY DRIVE STE 200  
City-State-Zip: DEERFIELD BEACH FL 33441

Title DIECTOR  
Name CARLTON, ROBERT  
Address 134 POOLE BLVD  
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  
Name MASCHMEYER, TROY  
Address 1142 WATERTOWER ROAD  
City-State-Zip: LAKE PARK FL 33403

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

Title DIRECTOR  
Name MANOLAS, MONICA  
Address P.O. BOX 445  
City-State-Zip: SUMTERVILLE FL 33585

Title EXECUTIVE DIRECTOR  
Name PAINTER, JAMES  
Address P.O. BOX 12018  
City-State-Zip: GAINESVILLE FL 32604

Title DIRECTOR  
Name FALES, DARRYL  
Address 18080 GREEN MEADOW RD  
City-State-Zip: FT. MYERS FL 33913

**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**

**EXECUTIVE DIRECTOR**

**03/14/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR, CHAIRMAN  
Name SNYDER, JAY  
Address 1717 ACME STREET  
City-State-Zip: ORLANDO FL 32805

Title DIRECTOR  
Name SMITH, MARK  
Address 2480 US 129  
City-State-Zip: BELL FL 32619

Title DIRECTOR  
Name JENKINS, ROCKY  
Address 3365 EAST INDUSTRY ROAD  
City-State-Zip: COCOA FL 32926

Title LIAISON  
Name POTTS, ISABELLE  
Address 107 E MADISON ST  
City-State-Zip: TALLAHASSEE FL 32399

Title DIRECTOR  
Name PARSONS, WILLIAM  
Address 405 ZELL DRIVE  
City-State-Zip: ORLANDO FL 32824