

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000006506

FILED
Jun 18, 2020
Secretary of State
7228565358CC

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

06/18/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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 CHAIR
Name CARLTON, ROBERT
Address 134 POOLE BLVD
City-State-Zip: ST AUGUSTINE FL 32095

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

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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

EXECUTIVE DIRECTOR

06/18/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name ARMBRUSTER, MICHAEL DR.
Address 445 W AMELIA STREET
City-State-Zip: ORLANDO FL 32801

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

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

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