

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22035

Entity Name: FLORIDA ELECTRICAL APPRENTICESHIP & TRAINING, INC.**Current Principal Place of Business:**2900 W OAK RIDGE RD
BLDG. 1600
ORLANDO, FL 32809**Current Mailing Address:**PO BOX 592949
ORLANDO, FL 32859 US**FEI Number:** 59-2866435**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SASSO, MICHAEL
1031 W. MORSE BLVD.
SUITE 260
WINTER PARK, FL 32789 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	FREINER, MICHAEL
Address	630 KISSIMMEE AVE.
City-State-Zip:	OCOE FL 34761

Title	DIRECTOR
Name	STORCH, DAVID
Address	2530 JMT INDUSTRIAL DR.
City-State-Zip:	APOKA FL 32704

Title	PRESIDENT
Name	SHEETS, DAVID
Address	430 WEST DRIVE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	DIRECTOR
Name	THOMPSON, STEVE
Address	630 KISSIMMEE AVENUE
City-State-Zip:	OCOE FL 32761

Title	TREASURER
Name	BLOETHNER, CRAIG
Address	411 W. ENTERPRISE ST.
City-State-Zip:	OCOE FL 34761

Title	SECRETARY
Name	TILLMAN, SABRINA
Address	875 JACKSON ST.
City-State-Zip:	WINTER PARK FL 32789

Title	VP
Name	FERGUSON, BLAKE
Address	645 NEWBURYPORT AVE. SUITE 1000
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	DIRECTOR
Name	STONE, KYLE
Address	430 WEST DRIVE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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: CRAIG BLOETHNER**TREASURER****03/11/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date