

**2018 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:** Yes**Name and Address of Current Registered Agent:**PIROLI, STEPHEN A  
2264 RED GATE ROAD  
ORLANDO, FL 32818 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:** STEPHEN A PIROLI

01/09/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name FERGUSON, BLAKE  
Address 645 NEWBURYPORT AVENUE  
SUITE 1000  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

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

Title DIRECTOR  
Name LOMAS, EARL  
Address 600 THACKER AVENUE  
City-State-Zip: KISSIMMEE FL 34741

Title DIRECTOR  
Name THOMPSON, STEVE  
Address 630 MAGUIRE ROAD  
City-State-Zip: OCOEE FL 32761

Title PRESIDENT  
Name THOMAS, NOBLE  
Address 630 MAGUIRE ROAD  
City-State-Zip: OCOEE FL 32761

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

Title DIRECTOR  
Name BERNARD, JOE  
Address 2530 JMT INDUSTRIAL DR.  
City-State-Zip: APOPKA FL 32703

**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:** STEPHEN PIROLI

PROGRAM DIRECTOR

01/09/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	PROGRAM DIRECTOR
Name	PIROLI, STEPHEN
Address	2264 RED GATE ROAD
City-State-Zip:	ORLANDO FL 32818