


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # 700919		
1. Entity Name FLORIDA APPRENTICESHIP CONFERENCE, INC.		
Principal Place of Business 489 STEVENS STREET JACKSONVILLE, FL 32254 US	Mailing Address 489 STEVENS STREET JACKSONVILLE, FL 32254 US	



03052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, JERRY M
489 STEVENS ST.
JACKSONVILLE, FL 32254

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U000000851060
03/25/08-80023-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	VCD
NAME	SULLIVAN JR., JAMES M.
STREET ADDRESS	2738 N. FORSYTH RD.
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	STD
NAME	THOMAS, JERRY M
STREET ADDRESS	489 STEVENS ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	VC
NAME	SCHAUNAMAN, MARK
STREET ADDRESS	1425 NW 36TH STREET
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	AST
NAME	RICHARDSON, GEORGE
STREET ADDRESS	6535 TRADE CENTER DR
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jerry M. Thomas JERRY M. THOMAS 3/5/08 (904) 781-2112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #