

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736091

FILED
Jan 05, 2009
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF ELECTRICAL CONTRACTORS, INC.

Current Principal Place of Business:

315 MELODY LANE
P O BOX 180458
CASSELBERRY, FL 327073256

New Principal Place of Business:

315 MELODY LANE
CASSELBERRY, FL 327073256

Current Mailing Address:

315 MELODY LANE
P O BOX 180458
CASSELBERRY, FL 32718

New Mailing Address:

315 MELODY LANE
CASSELBERRY, FL 32718

FEI Number: 59-1446521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FICARROTTO, JANICE
315 MELODY LANE
P.O. BOX 458
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

FICARROTTO, JANICE
315 MELODY LANE
CASSELBERRY, FL 32707 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: _____

01/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CROSS, KEN
Address: 315 W MELODY LANE
City-St-Zip: CASSELBERRY, FL 32707

Title: P () Delete
Name: CAUTHEN, MIKE
Address: 315 W MELODY LANE
City-St-Zip: CASSELBERRY, FL 32707

Title: T () Delete
Name: DEBERRY, KIM
Address: 315 W MELODY LANE
City-St-Zip: CASSELBERRY, FL 32707

Title: VP () Delete
Name: QUIGLEY, TIM
Address: 315 MELODY LN
City-St-Zip: CASSELBERRY, FL 327073256

Title: ED () Delete
Name: FICARROTTO, JANICE,
Address: 315 MELODY LANE
City-St-Zip: CASSELBERRY, FL 327073256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JANICE FICARROTTO

MRS.

01/05/2009

Electronic Signature of Signing Officer or Director

Date