

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90148 021 \*\*\*\*61.25

**DOCUMENT # N02000009368**

1. Entity Name

**FLORIDA ALLIANCE FOR CONSTRUCTION EDUCATION, INC.**



Principal Place of Business

**478 HARBOR DR S  
INDIAN ROCKS BEACH FL 33785**

Mailing Address

**478 HARBOR DR S  
INDIAN ROCKS BEACH FL 33785**

2. Principal Place of Business - No P.O. Box #

**1115 Cleveland St**

Suite, Apt. #, etc.

3. Mailing Address

**1115 Cleveland St**

Suite, Apt. #, etc.

City & State

**Clearwater FL**

City & State

**Clearwater FL**

Zip

**33755**

Country

**Pinellas**

Zip

**33755**

Country

**Pinellas**

6. Name and Address of Current Registered Agent

**LYONS, GARY W  
311 S MISSOURI AVE  
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: ☐ Delete  
NAME: **JOHNSON, JACK**  
STREET ADDRESS: **478 HARBOR DR S**  
CITY-STATE-ZIP: **INDIAN ROCKS BEACH FL 33785**

TITLE: ☐ Delete  
NAME: **OPPENHEIMER, FRED**  
STREET ADDRESS: **8561 DENISE DR**  
CITY-STATE-ZIP: **SEMINOLE FL 33777**

TITLE: ☐ Delete  
NAME: **TAFELSKI, TOM**  
STREET ADDRESS: **12841 66TH ST N**  
CITY-STATE-ZIP: **LARGO FL 33773**

TITLE: ☐ Delete  
NAME: **HENEGAR, JACQUELINE**  
STREET ADDRESS: **1115 CLEVELAND ST**  
CITY-STATE-ZIP: **CLEARWATER FL 33755**

TITLE: ☐ Delete  
NAME: **HOWE, STEVE**  
STREET ADDRESS: **12920 WALSINGHAM RD, UNIT D**  
CITY-STATE-ZIP: **LARGO FL 33774**

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
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CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Jacqueline Henegar Jacqueline Henegar**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-19-07**

**727-442-3158**

Date

Daytime Phone #