2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N22035

1. Entity Name

FLORIDA ELECTRICAL APPRENTICESHIP & TRAINING,



FILED Mar 28, 2007 8:00 am Secretary of State

03-28-2007 90009 023 ****61.25

					!	250 11	EST.						
2900 W OAK RIDGE RD PC			PO BO	Mailing Address PO BOX 592949 ORLANDO, FL 32859 US				- - 1	(1818 88 18 8 186 8) 8113			11: 1: (11:	
Principal Place of Business - No P.O. Box # 3. Mai				ailing Address									
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				03052007 _{CI}	ng-NP	CR2E03	7 (12/06)		
City & State			City & State					4. FEI Number Applied For 59-2866435 Not Applicable					
Zip Country		Zip Co			untry 5. Certificate of St			SR 75 Additional					
6. Name and Address of Current Registe				ed Agent				7. Name and Address of New Registered Agent					
						Name							
SASSO, MICHAEL 390 N ORANGE AVENUE, STE 2700 ORLANDO, FL 32801						Street Address (P.O. Box Number is Not Acceptable)							
					City				FL Zip Code				
		ty submits this statement fo tered agent.	r the purpo	ose of changing its	register	ed office or	registe	red agent, or both, in	the State of Fig	orida. I am f	amiliar with,	and accept	
SIGNATURE .	Signature, types	d or printed name of registered agent	and title if app	licable. (NOT	E: Register	ed Agent signatu	re required	d when reinstating)		DATE			
Filing 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 DI	RECTORS		11.			ADDITIONS/CHANG	ES TO OFFICE	RS AND DIF	RECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	630 KISS	R, MICHAEL SIMMEE AVE. FL 34761		☐ Delete			V				Change	Addition	
TITLE NAME STREET ADDRESS	V AKERS,)	⚠ Delete	TITI NAI STR			orch, David 30 JMT Indu	strial D	ır.	☐ Change	Addition Addition	
CITY-ST-ZIP APOPKA, FL 32703					Y-ST-ZIP		Apopka, FL 32704						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	D, PAUL SEMORAN BLVD SUITE N, FL 32703	120	☐ Delete			P	opka, II 3	2,04		X Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	i	, JIM ST DRIVE ONTE SPRINGS, FL 32	714	☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	411 W. E	NER, CRAIG NTERPRISE ST. FL 34761		☐ Delete			Т				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		S, DAVID ST DRIVE ONTE SPGS, FL 32714		Delete	NA STI	LE Me Reet address Y-ST-ZIP					☐ Change	Addition	
1		<i>-</i> 1		and the second s									

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 supplied ental 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:

PAUL GIFFORD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



40043304 # 112035

Florida Electrical Apprenticeship & Training, Inc. PO Box 592949, Orlando, FL 32859-2949

(407) 438-3328 FAX (407)438-8202

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10.

D Solomon, Ron 875 Jackson St. Winter Park, FL 32789

Thompson, Steve 630 Kissimmee Ave. Ocoee, FL 34761