

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22035

FILED
Feb 23, 2009
Secretary of State

Entity Name: FLORIDA ELECTRICAL APPRENTICESHIP & TRAINING, INC.

Current Principal Place of Business:

2900 W OAK RIDGE RD
1600
ORLANDO, FL 32809 US

New Principal Place of Business:

2900 W OAK RIDGE RD
BLDG. 1600
ORLANDO, FL 32809 US

Current Mailing Address:

PO BOX 592949
ORLANDO, FL 32859 US

New Mailing Address:

FEI Number: 59-2866435 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SASSO, MICHAEL
390 N ORANGE AVENUE, STE 2700
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: FREINER, MICHAEL
Address: 630 KISSIMMEE AVE.
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: STORCH, DAVID
Address: 2530 JMT INDUSTRIAL DR.
City-St-Zip: APOPKA, FL 32704

Title: P () Delete
Name: GIFFORD, PAUL
Address: 1428 E SEMORAN BLVD SUITE 120
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: BROWN, JIM
Address: 430 WEST DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T () Delete
Name: BLOETHNER, CRAIG
Address: 411 W. ENTERPRISE ST.
City-St-Zip: OCOEE, FL 34761

Title: S () Delete
Name: SHEETS, DAVID
Address: 430 WEST DRIVE
City-St-Zip: ALTAMONTE SPGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FREINER, MICHAEL
Address: 630 KISSIMMEE AVE.
City-St-Zip: OCOEE, FL 34761

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

Title: VP (X) Change () Addition
Name: GIFFORD, PAUL
Address: 1428 E SEMORAN BLVD SUITE 120
City-St-Zip: APOPKA, FL 32703

Title: P (X) Change () Addition
Name: BROWN, JIM
Address: 430 WEST DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

Title: D (X) Change () Addition
Name: SHEETS, DAVID
Address: 430 WEST DRIVE
City-St-Zip: ALTAMONTE SPGS, FL 32714

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: JUDITH M. E. FUGATE

PD

02/23/2009

Electronic Signature of Signing Officer or Director

Date