

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000004710 (8)**

1. Corporation Name

**INDEPENDENT ELECTRICAL CONTRACTORS ASSOCIATION,  
FLORIDA EAST COAST CHAPTER, INC.**



Principal Place of Business

Mailing Address

**951 WEST 15TH ST.  
RIVIERA BEACH FL 33404**

**951 WEST 15TH ST.  
RIVIERA BEACH FL 33404**

3. Date Incorporated or Qualified  
**09/29/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

**65-0612647**

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAO, JOE  
951 WEST 15TH ST.  
RIVIERA BEACH FL 33404**

81 Name

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

83

84 City

**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**PD  
RAO, JOE  
951 WEST 15TH ST.  
RIVIERA BEACH FL 33404**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**VD  
SPOOR, MARK  
165 CLEARY RD.  
WEST PALM BEACH FL 33413**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**VD  
SULLIVAN, GARY T  
2115 7TH AVE. NORTH, BAY 8  
LAKE WORTH FL 33461**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**SD  
SHARKEY, DONALD  
1620 HILL AVE.  
MANGONIA PARK FL 33407**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**TD  
STRATTON, JIM  
7546 ENTERPRISE DR.  
RIVIERA BEACH FL 33404**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**J.W. RAO**

**4/15/96 (407) 998-4100**

Date Daytime Phone #

CR2E037 (12/95)