


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000001782	
1. Entity Name FLORIDA ASSOCIATION OF ELECTRICAL CONTRACTORS NORTHEAST FLORIDA COMMITTEE, INC.	

Principal Place of Business 2270 DEERWOOD ACRES DRIVE SAINT AUGUSTINE, FL 32084	Mailing Address 2270 DEERWOOD ACRES DRIVE SAINT AUGUSTINE, FL 32084
---	---

DO NOT WRITE IN THIS SPACE



03012003 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3566498	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BOLES, JOSEPH L JR
120 CHARLOTTE STREET
ST AUGUSTINE, FL 32084**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWEN, MICKY 1775 LAKESIDE AVE ST AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, CLIFF 175 INDUSTRIAL LOOP ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBERRY, KIMBERLY 13619 N MAIN STREET JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HACKETT, CHARLES 2270 DEERWOOD ACRES DR ST AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, BILL 124 STATE ROAD 13 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRATMANN, MARK 2111 DOBBS RD. SAINT AUGUSTINE, FL 32086

00000164581
07/08/04-80014-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Charles Hackett **7/6/04 (904) 824-5320**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #