2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2016
Secretary of State
CC4907433944

DOCUMENT# 710811

Entity Name: AIR CONDITIONING CONTRACTORS ASSOCIATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

112 BAYWOOD DRIVE
LONGWOOD, FL 32750

Current Mailing Address:

P.O. BOX 160910
ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 23-7090927

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HUBAND, PAULA C
1025 PLATO AVENUE
ORLANDO, FL 32809 US

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: PAULA C HUBAND 04/16/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	ZEITLER, PETE
Address	P.O. BOX 160910
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	CHAIRMAN
Name	FACEMYER, RODNEY
Address	P.O. BOX 160910
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	VP
Name	ZALK, KEN
Address	P.O. BOX 160910
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	DIRECTOR
Name	GREEN, JOHN
Address	P.O. BOX 160910
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	DIRECTOR
Name	HASTINGS, BRIAN
Address	P.O. BOX 160910
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	TREASURER
Name	BRUNKALA, ANDY
Address	P.O. BOX 160910
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	DIRECTOR
Name	AMBROSE, PAT
Address	P.O. BOX 160910
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	DIRECTOR
Name	DUNCAN, TONY
Address	P.O. BOX 160910
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

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I hereby 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 all other like empowered.

SIGNATURE: PAULA C HUBAND EXECUTIVE DIRECTOR 04/16/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	COLLISON, RON
Address	P.O. BOX 160910
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	EXECUTIVE DIRECTOR
Name	HUBAND, PAULA C
Address	1025 PLATO AVENUE
City-State-Zip:	ORLANDO FL 32809