

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766255

**Entity Name:** ACADEMY OF CONSTRUCTION TECHNOLOGIES, INC.

**Current Principal Place of Business:**

2900 WEST OAK RIDGE ROAD  
BLDG. 1600 ROOM 139  
ORLANDO, FL 32809

**Current Mailing Address:**

PO BOX 592744  
ORLANDO, FL 32859 US

**FEI Number: 59-2245953**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SASSO, MICHAEL C  
1031 WEST MORSE BLVD.  
WINTER PARK, FL 32789 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title ST  
Name CAUSEY, SCOTT  
Address 2900 OAK RIDGE ROAD, BLDG 1600  
ROOM 020  
City-State-Zip: ORLANDO FL 32809

Title TREASURER  
Name MERCED, NANCY  
Address 531S. STATE ROAD 434  
SUITE 1000  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title EXECUTIVE DIRECTOR  
Name LIETZ, JASON  
Address PO BOX 592744  
City-State-Zip: ORLANDO FL 32859

Title CHAIRMAN  
Name MEDINA, VANESSA  
Address 430 WEST DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title VC  
Name ORTIZ, DANIEL  
Address 651 DANVILLE DRIVE  
SUITE 102  
City-State-Zip: ORLANDO FL 32859

*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: JASON LIETZ**

**EXECUTIVE DIRECTOR**

**05/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date