

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009368

Entity Name: FLORIDA ALLIANCE FOR CONSTRUCTION EDUCATION, INC.**Current Principal Place of Business:**800 BELLEAIR ROAD
CLEARWATER, FL 33756**Current Mailing Address:**800 BELLEAIR ROAD
CLEARWATER, FL 33756 US**FEI Number:** 04-3730547**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LYONS, GARY W
311 S MISSOURI AVE
CLEARWATER, FL 33756 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 SD
Name JOHNSON, JACK
Address 5401 98TH WAY N
City-State-Zip: ST. PETE FL 33708Title PD
Name TAFELSKI, TOM
Address 12841 66TH ST N
City-State-Zip: LARGO FL 33773Title D
Name HOWE, STEVE
Address 12920 WALSINGHAM RD, UNIT D
City-State-Zip: LARGO FL 33774Title VPD
Name ZAGER, ERNIE
Address 1170 COULD STREET
City-State-Zip: CLEARWATER FL 33756Title TD
Name MILLER, MARK
Address 800 BELLEAIR ROAD
City-State-Zip: CLEARWATER FL 33756Title VPD
Name GLEATON, STEVE
Address 6720 46TH AVE N
City-State-Zip: ST. PETE FL 33709

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: MARK MILLER

TD

01/15/2020

Electronic Signature of Signing Officer/Director Detail_____
Date