

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000891

Entity Name: FLORIDA CHAPTER OF THE INTERNATIONAL INSTITUTE OF BUILDING ENCLOSURE CONSULTANTS, INC.**FILED**
Jan 21, 2021
Secretary of State
8532659421CC**Current Principal Place of Business:**9436 TREASURE LANE NE
ST. PETERSBURG, FL 33702**Current Mailing Address:**9436 TREASURE LANE NE
ST. PETERSBURG, FL 33702 US**FEI Number: 20-1093509****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SINES BLAKESLEE MADYA, CPA
800 S DILLARD STREET
WINTER GARDEN, FL 34787 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: DEREK J BLAKESLEE, CPA****01/21/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** EDUCATION DIRECTOR
Name SCHUMAN, MIKE L.
Address 1882 STABLE TRAIL
City-State-Zip: PALM HARBOR FL 34685**Title** VP
Name HOLSINGER, DAWN
Address 9436 TREASURE LANE NE
City-State-Zip: ST. PETERSBURG FL 33702**Title** CONSULTANT DIRECTOR
Name KUCHLER, JOHN
Address 2280 NW 16TH STREET
City-State-Zip: POMPANO BEACH FL 33609**Title** OTHER
Name DUHON, SHANNON
Address 4875 PARK RIDGE BLVD.
SUITE 108
City-State-Zip: BOYNTON BEACH FL 33426**Title** PRESIDENT
Name SOTO, AZUCENA
Address 7800 W. OAKLAND PARK BLVD.
SUITE 109
City-State-Zip: SUNRISE FL 33351**Title** INDUSTRY DIRECTOR
Name EAGLE, RAQUEL
Address 2900 CENTER PORT CIRCLE
City-State-Zip: POMPANO BEACH FL 33064**Title** TREASURER
Name REED, MARYBETH
Address 1900 S. OCEAN BLVD.
16L
City-State-Zip: POMPANO BEACH FL 33062**Title** SECRETARY
Name MONCADA, RICARDO
Address 1451 W CYPRESS CREEK RD
City-State-Zip: FT LAUDERDALE FL 33309

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: DAWN HOLSINGER**VP****01/21/2021**

Electronic Signature of Signing Officer/Director Detail

Date