

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22035

Entity Name: FLORIDA ELECTRICAL APPRENTICESHIP & TRAINING, INC.**Current Principal Place of Business:**2900 W OAK RIDGE RD
BLDG. 1600
ORLANDO, FL 32809**Current Mailing Address:**PO BOX 592949
ORLANDO, FL 32859 US**FEI Number:** 59-2866435**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PIROLI, STEPHEN A
2264 RED GATE ROAD
ORLANDO, FL 32818 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:** STEPHEN A PIROLI

01/31/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name FERGUSON, BLAKE
Address 645 NEWBURYPORT AVENUE
SUITE 1000
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name TERRITO, ANNA
Address 411 W. ENTERPRISE ST.
City-State-Zip: OCOEE FL 34761

Title DIRECTOR
Name LOMAS, EARL
Address 600 THACKER AVENUE
City-State-Zip: KISSIMMEE FL 34741

Title SECRETARY
Name EVANS, GREG
Address 430 WEST DRIVE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title TREASURER
Name THOMPSON, STEVE
Address 630 MAGUIRE ROAD
City-State-Zip: OCOEE FL 32761

Title PRESIDENT
Name SHEETS, DAVE
Address 430 WEST DRIVE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title VICE-PRESIDENT
Name CARTER, GREG
Address 2530 JMT INDUSTRIAL DRIVE
City-State-Zip: APOPKA FL 32703

Title DIRECTOR
Name THOMAS, NOBLE
Address 2781 WRIGHTS ROAD
SUITE 1201
City-State-Zip: OVIEDO FL 32765

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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: STEPHEN PIROLI

PROGRAM DIRECTOR

01/31/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	PROGRAM DIRECTOR	Title	ASSISTANT PROGRAM DIRECTOR
Name	PIROLI, STEPHEN	Name	ROBERT TIDWELL
Address	2264 RED GATE ROAD	Address	1720 TERRA ALTA CT.
City-State-Zip:	ORLANDO FL 32818	City-State-Zip:	APOPKA FL 32703