

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006241

**Entity Name:** PROFESSIONAL TRAINING ASSOCIATION CORPORATION

**Current Principal Place of Business:**

321 NORTHLAKE BLVD  
102  
NORTH PALM BEACH, FL 33408-5410

**Current Mailing Address:**

321 NORTHLAKE BLVD  
102  
NORTH PALM BEACH, FL 33408-5410 US

**FEI Number:** 65-1053847

**Certificate of Status Desired:** Yes

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

WALLICK, MITCHELL  
8568 NW 28TH COURT  
CORAL SPRINGS, FL 33065-5319 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 PD  
Name WALLICK, MITCHELL  
Address 8568 NW 28TH CT.  
City-State-Zip: CORAL SPRINGS FL 33065-5319

Title SD  
Name WALLICK, AIMEE  
Address 8568 NW 28TH CT.  
City-State-Zip: CORAL SPRINGS FL 33065-5319

Title SD  
Name SUSAN, NAVERSEN  
Address 8 TOURNAMENT B'LVD  
City-State-Zip: PALM BEACH GARDENS FL 33418

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:** MITCHELL WALLICK

PD

04/29/2014

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

\_\_\_\_\_  
Date