

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002708

FILED
Mar 20, 2009
Secretary of State

Entity Name: TRAINING RESOURCES AND COMPUTER SKILLS, INC.

Current Principal Place of Business:

102 MAROLDY DR.
101
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 292671
TAMPA, FL 336872671

New Mailing Address:

FEI Number: 65-1099825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBSON, PAMELA F
102 MAROLDY DR.
101
TEMPLE TERRACE, FL 33617 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GIBSON, PAMELA F
Address: P.O. BOX 292671
City-St-Zip: TAMPA, FL 33687

Title: VD () Delete
Name: TURPEAU, ANTWAN
Address: P.O. BOX 292671
City-St-Zip: TAMPA, FL 33687

Title: SD () Delete
Name: GIBSON, BYRON
Address: P.O. BOX 292671
City-St-Zip: TAMPA, FL 33687

Title: TR () Delete
Name: GIBSON, CHANEL
Address: P.O. BOX 292671
City-St-Zip: TAMPA, FL 33687

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: GIBSON, CHANEL
Address: P.O. BOX 292671
City-St-Zip: TAMPA, FL 33687

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAMELA F GIBSON

MS.

03/20/2009

Electronic Signature of Signing Officer or Director

Date