# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 08, 2008**
**Secretary of State**

DOCUMENT# N02000002808

**Entity Name:** THE TRUVINE JOB AND SKILLS TRAINING INSTITUTE INC.

**Current Principal Place of Business:**

1947 31ST ST.
SARASOTA, FL 34234

**New Principal Place of Business:**

**Current Mailing Address:**

1947 31ST ST.
SARASOTA, FL 34234

**New Mailing Address:**

**FEI Number: 75-3134771** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

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

HARRIS, GREGORY E
1947 31ST STREET
SARASOTA, FL 34234 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: HARRIS, GREGORY E SR.
Address: 3954 PRUDENCE DR.
City-St-Zip: SARASOTA, FL 34235

Title: VD ( ) Delete
Name: RUSSELL, CLOVIA
Address: 1309 14TH STREET
City-St-Zip: BRADENTON, FL 34208

Title: D ( ) Delete
Name: BALL, ELEANOR
Address: 1728 32ND STREET
City-St-Zip: SARASOTA, FL 34234

Title: S ( ) Delete
Name: JOHNSON, DELORIS S
Address: 22502 76TH AVENUE EAST
City-St-Zip: SARASOTA, FL 34211

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

Title: AS ( ) Change (X) Addition
Name: SHEFFIELD, ALENE
Address: 663 EASTPOINTE CT
City-St-Zip: SARASOTA, FL 34232

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: ELEANOR BALL D 07/08/2008

Electronic Signature of Signing Officer or Director — Date