

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001696

FILED
Mar 24, 2009
Secretary of State

Entity Name: TRI-COUNTY APPRENTICESHIP ACADEMY, INC.

Current Principal Place of Business:

13830 JETPORT COMMERCE PARKWAY
SUITE 5
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

13830 JETPORT COMMERCE PARKWAY
SUITE 5
FORT MYERS, FL 33913

New Mailing Address:

FEI Number: 32-0062980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAYUSA, MICHAEL F ESQ.
2400 FIRST STREET - SUITE 303
FORT MYERS, FL 33901 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: CHRM () Delete
Name: MCDONALD, WALTER
Address: 6150 DIAMOND CENTER CT., STE. 1001
City-St-Zip: FORT MYERS, FL 33912 US

Title: VCHR () Delete
Name: JIM, ROBERTS
Address: 6280 ARC WAY
City-St-Zip: FORT MYERS, FL 33912 US

Title: ST () Delete
Name: SOUTHWICK, DAVID D III
Address: 1400 COLONIAL BOULEVARD, SUITE 203
City-St-Zip: FORT MYERS, FL 33907 US

Title: D () Delete
Name: BIDWELL, RICK
Address: 2970 CARGO STREET
City-St-Zip: FORT MYERS, FL 33916

Title: D () Delete
Name: HARDEN, LYNN
Address: 12296 MATTERHORN DRIVE
City-St-Zip: FORT MYERS, FL 33913 US

Title: D () Delete
Name: LENDIAN, ARMANDO
Address: 5651 HALIFAX AVENUE
City-St-Zip: FORT MYERS, FL 33912 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHRM (X) Change () Addition
Name: ROBERTS, JIM
Address: 6321 TOPAZ COURT
City-St-Zip: FORT MYERS, FL 33966 US

Title: VCHR (X) Change () Addition
Name: DAVID, SOUTHWICK
Address: 1400 COLONIAL BOULEVARD, SUITE 203
City-St-Zip: FORT MYERS, FL 33907 US

Title: ST (X) Change () Addition
Name: LENDIAN, ARMANDO
Address: 6450 METROPLEX DRIVE
City-St-Zip: FORT MYERS, FL 33966 US

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

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

Title: D (X) Change () Addition
Name: SAM, TROYER
Address: 1009 SE 12TH PLACE
City-St-Zip: CAPE CORAL, FL 33990 US

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: JIM ROBERTS

CHRM

03/24/2009

Electronic Signature of Signing Officer or Director

Date