

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001696

FILED
Feb 13, 2012
Secretary of State

Entity Name: DONNA J. BEASLEY 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
Name: ROBERTS, JIM
Address: 6321 TOPAZ COURT
City-St-Zip: FORT MYERS, FL 33966 US

Title: VCHR
Name: FITZ, CHIPPER
Address: 2229 UNITY AVENUE
City-St-Zip: FORT MYERS, FL 33901 US

Title: ST
Name: SOUTHWICK, DAVID
Address: 1400 COLONIAL BLVD. STE 203
City-St-Zip: FORT MYERS, FL 33907 US

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

Title: D
Name: GRIFFIN, GARY
Address: 2701 PRINCE STREET
City-St-Zip: FORT MYERS, FL 33916

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

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: JIM ROBERTS

CHMN

02/13/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date