


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000005806	
1. Entity Name TRAINING RESOURCE & ADVOCATE COUNCIL INC.	

Principal Place of Business 8749 PLANTATION RIDGE BLVD LAKELAND, FL 33809	Mailing Address 8749 PLANTATION RIDGE BLVD LAKELAND, FL 33809
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DO NOT WRITE IN THIS SPACE



04302008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4988716	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HUGHES, TAMI
8749 PLANTATION RIDGE BLVD
LAKELAND, FL 33809**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, TAMI 8749 PLANTATION RIDGE BLVD LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, YESSICA 8749 PLANTATION RIDGE BLVD LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ULLOA, SHARON 8749 PLANTATION RIDGE BLVD LAKELAND, FL 33809
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/30/08-80074-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tami Hughes* **Tami Hughes** **APRIL 28, 2008** **(863) 815-1808**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #