

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED  
Apr 02, 2010  
Secretary of State

**Entity Name:** PARTNERSHIP IN EXCELLENCE TRAINING CENTER, INC.

**Current Principal Place of Business:**

838 MORAVON AVENUE  
JACKSONVILLE, FL 32211 US

**New Principal Place of Business:**

**Current Mailing Address:**

838 MORAVON AVENUE  
JACKSONVILLE, FL 32211 US

**New Mailing Address:**

**FEI Number:** 27-1266767

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BISHOP, SELAH L DIR  
838 MORAVON AVENUE  
JACKSONVILLE, FL 32211 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: DIR  
Name: BISHOP, SELAH L CORP  
Address: 838 MORAVON AVENUE  
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: DIR  
Name: BISHOP, ROBIN L OPS  
Address: 838 MORAVON AVENUE  
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: DIR  
Name: WILSON, BRENDA M ACCT  
Address: 9855 REGENCY SQUARE BLVD # 21  
City-St-Zip: JACKSONVILLE, FL 32225 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: SELAH L BISHOP SR

DIR

04/02/2010

Electronic Signature of Signing Officer or Director

Date