

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N30121** (0)

1. Corporation Name

**INSTITUTE OF SPECIALIZED TRAINING & MANAGEMENT,
INC.**

Principal Place of Business

**853 E. HWY. 436
200
CASSELBERRY FL 32707
US**

Mailing Address

**853 E. HWY. 436
200
CASSELBERRY FL 32707
US**



3. Date Incorporated or Qualified

01/11/1989

3a. Date of Last Report

02/20/1995

4. FEI Number

59-2942202

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 853 E. Hwy. 436

2a. Mailing Address

26 853 E. Hwy 436

Suite, Apt. #, etc.

22 SUITE 169

Suite, Apt. #, etc.

27 SUITE 169

City & State

23 CASSELBERRY, FL

City & State

28 CASSELBERRY, FL

Zip

24 32707

Country

25 USA

Zip

29

Country

30 USA

9. Name and Address of Current Registered Agent

**LINDA PAUTIENUS
853 E. HWY 436
SUITE 200
CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

81 Name

LOIS M. STAHL

82 Street Address (P.O. Box Number is Not Acceptable)

853 E. HWY. 436

83

SUITE 169

84 City

CASSELBERRY

FL

85 Zip Code

32707

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Lois M. Stahl Bus. Admin.

Lois M. Stahl

DATE

6/27/96

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ DELETE
NAME **LINDA C. HART**
STREET ADDRESS **750 LAKE KATHRYN CIRCLE**
CITY - ST - ZIP **CASSELBERRY FL**

TITLE **VPD** ☐ DELETE
NAME **HART, JOE**
STREET ADDRESS **753 LAKE KATHRYN CIRCLE**
CITY - ST - ZIP **CASSELBERRY FL**

TITLE **DT** ☐ DELETE
NAME **WESTFALL, DORIS G.**
STREET ADDRESS **1150 ARDEN STREET**
CITY - ST - ZIP **LONGWOOD FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Linda C. Hart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-27-96

Date

407-831-8466

Daytime Phone #

CR2E037 (3/96)