

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 17 1998 8:00am
Secretary of State

DOCUMENT # **N30121** (0)

1. Corporation Name

INSTITUTE OF SPECIALIZED TRAINING & MANAGEMENT, INC.

Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

01/11/1989

4. FEI Number

59-2942202

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DONALD M. GRALEY
853 E. HWY 436,
SUITE 200
CASSELBERRY FL 32707**

81 Name

Robin Bland

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

148 Monarch Circle Apt 8

83

84 City

Deer Park

FL

85 Zip Code

32730

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

Robin Bland Financial Aid Director 2-10-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **LINDA C. HART**
STREET ADDRESS **759 LAKE KATHRYN CIRCLE**
CITY-ST-ZIP **CASSELBERRY FL**

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

TITLE **VPOT** ☐ DELETE
NAME **C.M. FIKE II**
STREET ADDRESS **1401 W. CYPRESS CREEK RD.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE **DS** ☒ DELETE
NAME **DORIS G. WESTFALL**
STREET ADDRESS **1150 ARDEN STREET**
CITY-ST-ZIP **LONGWOOD FL**

3.1 TITLE **SD JAY LAMBETH** ☐ Change ☒ Addition
3.2 NAME **JAY LAMBETH**
3.3 STREET ADDRESS **1120 POINTE NEWPORT TERR.**
3.4 CITY-ST-ZIP **CASSELBERRY, FL. 32707**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 (LINDA C. HART) 2-5-98 407-831-8466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0012608

CR2E037 (10/97)