

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 29 1996 8:00 am
Secretary of State

DOCUMENT # N36371 (5)
1. Corporation Name
FLORIDA ASSOCIATION FOR CORRECTIVE TRAINING, INC



Principal Place of Business: **3522 LORI LN N LAKELAND FL 33801**
Mailing Address: **3522 LORI LN N LAKELAND FL 33801**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		01/19/1989	12/21/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		65-0192650	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
CROMER, EDREW A. 3522 LORI LN N LAKELAND FL 33801				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
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.				10. Name and Address of New Registered Agent	
SIGNATURE: <i>Edrew A. Cromer</i> Edrew A. Cromer, President 3/26/96				DATE	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CROMER, EDREW A. 3522 LORI LN N LAKELAND FL 33801				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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: *Edrew A. Cromer* Edrew A. Cromer, President 3/26/96 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP CROMER, EDREW A.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROMER, EDREW A.	1.2 NAME	
STREET ADDRESS	3522 LORI LN N	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	1.4 CITY-ST-ZIP	
TITLE	DST CROMER, GRACE D.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROMER, GRACE D.	2.2 NAME	
STREET ADDRESS	1835 HOLLINGSWORTH CREEK	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	2.4 CITY-ST-ZIP	
TITLE	DV KEYT, THOMAS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEYT, THOMAS	3.2 NAME	
STREET ADDRESS	1738 PARK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	3.4 CITY-ST-ZIP	
TITLE	TD Troxell, David	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Troxell, David	4.2 NAME	
STREET ADDRESS	4934 HIDDEN HILLS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	4.4 CITY-ST-ZIP	
TITLE	D GONZALES, DAVID	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALES, DAVID	5.2 NAME	
STREET ADDRESS	742 WINFREE AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Edrew A. Cromer* Edrew A. Cromer, President 3/26/96 (941) 666-8742 DATE DAYTIME PHONE #

CR2E037 (12/95)