

FILE NOW: FILING FEE IS \$61.25

FILED

**Sep 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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
--	--

3. Date Incorporated or Qualified 01/10/1989	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 65-0192650		
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
23 City & State	27 City & State
24 Zip Country	28 Zip Country
25	29
30	

9. Name and Address of Current Registered Agent
**CROMER, EDREW A.
3522 LORI LN N
LAKELAND FL 33801**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 (President) Edrew A. Cromer 8/20/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: Edrew A. Cromer 8/20/98 (641)111-8743

CP2E037 (10/97)