

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90060 020 ****61.25

DOCUMENT # N36371

1. Entity Name
Florida Association For Corrective Training, Inc.

DO NOT WRITE IN THIS SPACE

979081

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3522 Lori Lane N.

3. Mailing Address
P.O. Box 1030

Suite, Apt. #, etc.

City & State
Lakeland, FL

4. FEI Number
650192650

Applied For
Not Applicable

Zip
33801

Country
USA

Zip
33802

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name-
Cromer, Edrew A.

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

3522 Lori Lane N.

City
Lakeland FL Zip Code
33801

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME
Cromer, Edrew A. DP
STREET ADDRESS
3522 Lori Lane N.
CITY-ST-ZIP
Lakeland, FL 33801

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
Cromer, Grace D. DST
STREET ADDRESS
1635 Hollingsworth Creek
CITY-ST-ZIP
Lakeland, FL 33803

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
Keyt, Thomas DV
STREET ADDRESS
406 NE 9th Street
CITY-ST-ZIP
Mulberry, FL 33860

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE NAME
Troxell, David TD
STREET ADDRESS
4934 Hidden Hills Drive
CITY-ST-ZIP
Lakeland, FL 33813

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

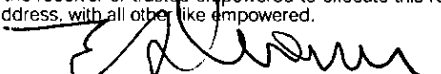
TITLE NAME
Gonzales, David D
STREET ADDRESS
742 Winfree Avenue
CITY-ST-ZIP
Lakeland, FL 33801

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  Edrew A. Cromer, President 9/09/02 (863)666-8742

CREATED 10/1/02