

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 03, 2005
Secretary of State**

DOCUMENT# N36371

Entity Name: FLORIDA ASSOCIATION FOR CORRECTIVE TRAINING, INC.

Current Principal Place of Business:

3522 LORI LN N
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

PO BOX 1030
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 65-0192650 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CROMER, EDREW A.
3522 LORI LN N
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CROMER, EDREW A.,
Address: 3522 LORI LN N
City-St-Zip: LAKELAND, FL 33801

Title: DST () Delete
Name: CROMER, GRACE D.,
Address: 2025 SYLVESTER ROAD, APT. LL4
City-St-Zip: LAKELAND, FL 33803

Title: DV () Delete
Name: KEYT, THOMAS,
Address: 406 NE 9TH STREET
City-St-Zip: MULBERRY, FL 33860

Title: TD () Delete
Name: TROXELL, DAVID
Address: 4934 HIDDEN HILLS DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: GONZALES, DAVID
Address: 742 WINFREE AVENUE
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDREW A. CROMER

DP

05/03/2005

Electronic Signature of Signing Officer or Director

_____ Date