

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36371

FILED  
Apr 12, 2006  
Secretary of State

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 ( )

**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 Chapter 119, 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

04/12/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date