

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37616

FILED  
Mar 03, 2004  
Secretary of State

Entity Name: MULLINS TRAINING CENTER, INC.

**Current Principal Place of Business:**

1049 LONGLEY DRIVE  
PORT CHARLOTTE, FL 33953

**New Principal Place of Business:**

**Current Mailing Address:**

1049 LONGLEY DRIVE  
PORT CHARLOTTE, FL 33953

**New Mailing Address:**

FEI Number: 65-0182849

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MULLINS, VIRGINIA R  
1049 LONGLEY DRIVE  
PORT CHARLOTTE, FL 33953 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: PD ( ) Delete  
Name: MULLINS, VIRGINIA R  
Address: 1049 LONGLEY DRIVE  
City-St-Zip: PORT CHARLOTTE, FL

Title: D ( ) Delete  
Name: MULLINS, WILLIAM M  
Address: 1049 LONGLEY DRIVE  
City-St-Zip: PORT CHARLOTTE, FL

Title: D ( ) Delete  
Name: VAN AMBURG, PATRICIA R  
Address: 6355 FACET LANE  
City-St-Zip: PT CHARLOTTE, FL

Title: D ( ) Delete  
Name: DAWN, KIMBERLY  
Address: 167 AL CONQUIN ST  
City-St-Zip: PT CHARLOTTE, FL

**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: D (X) Change ( ) Addition  
Name: DAWN, KIMBERLY  
Address: 3214 CODY STREET  
City-St-Zip: PT CHARLOTTE, FL 33948

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: VIRGINIA R. MULLINS

P D

03/03/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date