2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N37616

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:	KIMBERLY-MULLINS, DAWN	
Address:	3214 CODY STREET	
City-St-Zip:	PT CHARLOTTE, FL 33948	

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:	

I hereby certify that the information supplied with this filing does not qualify 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: VIRGINIA R. MULLINS PD 03/27/2009

Electronic Signature of Signing Officer or Director — Date