FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:54

DOCUMENT # **N39901** **(6)**

1. Corporation Name
TRI-COUNTY TRAINING AND EMPLOYMENT CENTER, INC.

Principal Place of Business	Mailing Address
P.O. BOX 597 STUART FL 34995	P.O. BOX 597 STUART FL 34995

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0264761 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FOX, M. LANNING, ESQ. 1100 S.E. FEDERAL HWY. STUART FL	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE	Chairperson (D)	☒ Change ☐ Addition
NAME	ZACCHEO, DOMINIC	12 NAME	Daniel Deighan	
STREET ADDRESS	1111 S. FEDERAL HWY	13 STREET ADDRESS	2000 SE Port St. Lucie Blvd.	
CITY-ST-ZIP	STUART FL	14 CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE	TD (D)	21 TITLE		☐ Change ☐ Addition
NAME	MEHLICH, GERALD	22 NAME		
STREET ADDRESS	701 COLORADO AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	Secretary (D)	☒ Change ☐ Addition
NAME	BIBIK, ROBERT	32 NAME	Heather Young	
STREET ADDRESS	3501 ORANGE AVE.	33 STREET ADDRESS	2300 Virginia Avenue	
CITY-ST-ZIP	FT. PIERCE FL	34 CITY-ST-ZIP	Fort Pierce, FL 34983	
TITLE	VD	41 TITLE	First Vice Chairperson	☒ Change ☐ Addition
NAME	FOLKENING, DAVID	42 NAME	Mark Robitaille (D)	
STREET ADDRESS	2080 S.E. HARLOW ST.	43 STREET ADDRESS	300 Hospital Avenue	
CITY-ST-ZIP	PORT ST. LUCIE FL	44 CITY-ST-ZIP	Stuart, FL 34994	
TITLE	PD	51 TITLE		☐ Change ☐ Addition
NAME	HUTCHESON, SUZANNE	52 NAME		
STREET ADDRESS	1650 S. KANNER HIGHWAY	53 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	54 CITY-ST-ZIP		
TITLE	VD	61 TITLE	Second Vice Chairperson (D)	☒ Change ☐ Addition
NAME	SELOVER, CAROLE	62 NAME	James Sopko	
STREET ADDRESS	19 LANTANA LANE	63 STREET ADDRESS	P.O. Box 2421, 2307 SE Monterey Road	
CITY-ST-ZIP	STUART FL	64 CITY-ST-ZIP	Stuart, FL 34995	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/17/95 407-221-4050
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)
Suzanne Hutcheson

0070854