

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90096 022 ****61.25

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DOCUMENT # N39901

1. Corporation Name

TRI-COUNTY TRAINING AND EMPLOYMENT CENTER, INC.

Principal Place of Business

P.O. BOX 597
STUART FL 34995

Mailing Address

P.O. BOX 597
STUART FL 34995



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/11/1990

4. FEI Number

65-0264761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FOX, M. LANNING, ESQ.
1100 S.E. FEDERAL HWY.
STUART FL

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE TD
NAME MCNICHOLAS, MICHAEL
STREET ADDRESS 900 S. FEDERAL HWY
CITY-ST-ZIP STUART FL

TITLE SD
NAME FAHERTY, PHIL
STREET ADDRESS 865 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP STUART FL 34994

TITLE VCD
NAME KARRAKER, CRAIG
STREET ADDRESS 508 SW PORT ST LUCIE BLVD
CITY-ST-ZIP PT ST LUCIE FL 34953

TITLE CD
NAME ROBITAILLE, MARK
STREET ADDRESS 300 HOSPITAL AVENUE
CITY-ST-ZIP STUART FL 34994

TITLE PD
NAME HUTCHESON, SUZANNE
STREET ADDRESS 1650 S. KANNER HIGHWAY
CITY-ST-ZIP STUART FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD
1.2 NAME McNicholas, Michael
1.3 STREET ADDRESS 320 West Ocean Blvd.
1.4 CITY-ST-ZIP Stuart, FL 34994

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE TD
4.2 NAME Ted Astolfi
4.3 STREET ADDRESS 121 Flagler Ave.
4.4 CITY-ST-ZIP Stuart, FL 34994

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)