

**DOCUMENT # N39901**

1. Entity Name

**TRI-COUNTY TRAINING AND EMPLOYMENT CENTER, INC.**

### 1. Entity Name

Principal Place of Business	Mailing Address
P.O. BOX 597 STUART FL 34995	P.O. BOX 597 STUART FL 34995-0597

Mailing Address

P.O. BOX 597  
STUART FL 34995-0597

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Not Applicable

☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ERIN BELL		
STREET ADDRESS	3209 VIRGINIA AVE.		
CITY-ST-ZIP	FT. PIERCE, FL. 34981-5599		

TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CHERYL BIBIK		
STREET ADDRESS	1500 E. OCEAN BLVD.		
CITY-ST-ZIP	STUART, FL. 34996		

TITLE	VCD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MARNIE LEWIS		
STREET ADDRESS	3066 SW MARTIN DOWNS BLVD., STE.F.		
CITY-ST-ZIP	PAIM CITY FL 34990		

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90040 037 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)