

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39901

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Entity Name:** HPS, TRAINING AND EMPLOYMENT CENTER, INC.

**Current Principal Place of Business:**

1100 SE FEDERAL HIGHWAY  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 597  
STUART, FL 34995

**New Mailing Address:**

**FEI Number:** 65-0264761

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HUTCHESON, SUZANNE  
1100 SE FEDERAL HIGHWAY  
STUART, FL 34994 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: CD  
Name: WINTERCORN, PHILLIP  
Address: 2201 SE KINGSWOOD TERRACE  
City-St-Zip: STUART, FL 34996

Title: S/TD  
Name: PRINZ, BETH  
Address: 815 COLORADO AVENUE  
City-St-Zip: STUART, FL 34994

Title: VCD  
Name: SKRZYPCZAK, KATHY  
Address: 200 HOSPITAL AVENUE  
City-St-Zip: STUART, FL 34994

Title: PD  
Name: HUTCHESON, SUZANNE  
Address: 1100 SE FEDERAL HIGHWAY  
City-St-Zip: STUART, FL 34994

I hereby 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 all other like empowered.

SIGNATURE: SUZANNE HUTCHESON

PD

03/26/2012

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

\_\_\_\_\_  
Date