

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N40439** (4)

1. Corporation Name

**DIVERSIFIED COOPERATIVE TRAINING ASSOCIATION OF
FLORIDA, INC.**



Principal Place of Business

**1706 MARKHAM GLEN COURT
LONGWOOD FL 32779**

Mailing Address

**21411 ROLLING WOOD TRAIL
EUSTIS FL 32726
US**

3. Date Incorporated or Qualified
10/15/1990

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 26 **1216 NW 53RD STREET**

4. FEI Number

59-2171917

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**

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

**ALIBERTI, MARIE
21411 ROLLING WOOD TRAIL
EUSTIS FL 32726**

81 Name

Mary Wright

82 Street Address (P.O. Box Number, if applicable)

1216 NW 53rd Street

83

84 City

Miami

FL

85 Zip Code

33142

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

TITLE **D** ☒ DELETE
NAME **ALIBERTI, MARIE**
STREET ADDRESS **21411 ROLLING WOOD TRAIL**
CITY-ST-ZIP **EUSTIS FL**

TITLE **D** ☒ DELETE
NAME **GREEN, RAY**
STREET ADDRESS **700 HUEY STREET**
CITY-ST-ZIP **WILDWOOD FL**

TITLE **D Secretary, Correspondence**
NAME **CORBIN, JACKIE**
STREET ADDRESS **16927 CRAWLEY ROAD**
CITY-ST-ZIP **ODESSA FL**

TITLE **D Secretary - Recording** ☐ DELETE
NAME **BARR, PEGGY**
STREET ADDRESS **4093 CARLEIGH LANE**
CITY-ST-ZIP **VALRICO FL**

TITLE **D President** ☐ DELETE
NAME **WRIGHT, MARY P.**
STREET ADDRESS **1216 NW 53RD STREET**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

Treasurer

LAURA SHUYLER

P.O. BOX 804

BUSHNELL, FL 335212

N/A

**PEARSON, PEGGY BARR
(Change in marital status)**

100001869091

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*****61.25**

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)(k), 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:

Marie Aliberti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marie Aliberti, President 4/22/96 352-357-3934

Date

Daytime Phone #

CR2E037 (12/95)

6-19-96