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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N40439

1. Corporation Name

DIVERSIFIED COOPERATIVE TRAINING ASSOCIATION OF FLORIDA, INC.

* 5 6 0 0 7 9 *
560079 - 90059 - 46

Principal Place of Business	Mailing Address
1706 MARKHAM GLEN COURT LONGWOOD FL 32779	~~1216 NW 53RD ST.~~ ~~MIAMI FL 33142~~ ~~US~~ 16927 Crawley Rd Odessa, FL 33556

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified -10/15/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2171917 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ALIBERTI, MARIE
21411 ROLLING WOOD TRAIL
EUSTIS FL 32726

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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T SHUYLER, LAURA PO BOX 804 N/A BUSHNELL FL 33521	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Jackie Corbin 16927 Crawley Rd Odessa, FL 33556	☐ Change ☑ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ~~President~~ CORBIN, JACKIE 16927 CRAWLEY ROAD ODESSA FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Jim Blair, Vice President 7216 Jasmin Dr. New Port Richey, FL 24652	☐ Change ☑ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PEARSON, PEGGY 4093 CARLEIGH LANE VALRICO FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Sandra McKinney, Recording Secretary 3930 N.W. 194 St. Miami, FL 33055	☐ Change ☑ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ~~Past President~~ WRIGHT, MARY P. 1216 NW 53RD STREET MIAMI FL 33142	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Joann Truss, ~~Corr~~ Recording Secretary 17800 NW 14th St. Pembroke Pine, FL 33029	☐ Change ☑ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Robert Black-Corresponding Secretary 1522 McLin Rd. Plant City, FL 33565	☐ Change ☑ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Mary Crager, Treasurer 1701 Markham Glen Court Longwood, FL 32779	☐ Change ☑ Addition T

CR2E037 (11/98)

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: S/S SIGNATURE REQUIRED _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #