FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000001337 (5)**

1. Corporation Name

WHEELHOUSE TRAINING AND EDUCATION CENTER FOR PEOPLE WITH HANDICAPS, INC.

Principal Place of Business	Mailing Address
807 N LAKE PARKER AVE LAKELAND FL 33801	807 N LAKE PARKER AVE LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1993
3a. Date of Last Report: 09/14/1994
4. FEI Number: 59-3168961 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HARDEN, CLAUDE M III
807 N LAKE PARKER AVE
LAKELAND FL 33801

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 607.0502 and 607.1508, 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 607.0505, 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	D	11 TITLE	☐ Change ☐ Addition P/D
NAME	DOCKERY, CARL	12 NAME	HARRY M. SAWYER, III
STREET ADDRESS	~~PO BOX 6742 N/A~~	13 STREET ADDRESS	1424 TOMAHAWK TRAIL
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP	LAEKALND, FL 33813
TITLE	~~PD~~	21 TITLE	☒ Change ☐ Addition V/D
NAME	~~BACKSTROM, JAMES JR~~	22 NAME	LAURA HAWLEY
STREET ADDRESS	~~1553 YEOMAN'S PATH~~	23 STREET ADDRESS	1508 PADDOCK DRIVE
CITY-ST-ZIP	~~LAKELAND FL~~	24 CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	~~SD~~	31 TITLE	☒ Change ☐ Addition S/D
NAME	~~HAWLEY, LAURA~~	32 NAME	GALEN WALKER
STREET ADDRESS	~~1508 PADDOCK DR~~	33 STREET ADDRESS	2306 CAROL LOOP
CITY-ST-ZIP	~~PLANT CITY FL~~	34 CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	~~TD~~	41 TITLE	☒ Change ☐ Addition TREASURER
NAME	~~SAWYER, HARRY M III~~	42 NAME	LEE BURROWS
STREET ADDRESS	~~1424 TOMAHAWK TRAIL~~	43 STREET ADDRESS	103 S. FLORIDA AVENUE
CITY-ST-ZIP	~~LAKELAND FL~~	44 CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	D	51 TITLE	☒ Change ☐ Addition D
NAME	LYONS, MARK	52 NAME	CARL DOCKERY
STREET ADDRESS	706 ROYAL GLEN DR	53 STREET ADDRESS	2310 AZ PARK ROAD
CITY-ST-ZIP	LAKELAND FL	54 CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	~~D~~	61 TITLE	☐ Change ☐ Addition
NAME	~~MEHNERT, DOUGLAS~~	62 NAME	
STREET ADDRESS	~~7520 HAVENWOOD DR~~	63 STREET ADDRESS	
CITY-ST-ZIP	~~LAKELAND FL~~	64 CITY-ST-ZIP	

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)(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.

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

0068796