

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003554

1. Entity Name

PEOPLE'S ADVOCACY CENTER FOR TRAINING, INC.

Principal Place of Business

579 E CALL ST
TALLAHASSEE FL 32301
US

Mailing Address

579 E CALL ST
TALLAHASSEE FL 32301
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3195635

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODALL, KAREN
579 E CALL ST
TALLAHASSEE FL 32301

Name

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

City

FL

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE MD
NAME ROMO, MARGARITA
STREET ADDRESS 37240 LOCKE ST
CITY-ST-ZIP DADE CITY FL ☐ Delete

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

TITLE D
NAME O'LAUGHLIN, FRANK FR
STREET ADDRESS 10935 SO. MILITARY TRAIL
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☒ Delete

TITLE Director
NAME Carolyn Ford
STREET ADDRESS 527 Key St.
CITY-ST-ZIP Quincy, FL 32351 ☐ Change ☒ Addition

TITLE D
NAME BLOCK, LANCE
STREET ADDRESS 2139 PALM BEACH LKAES BLVD
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 300008165275 ☐ Change ☐ Addition
-10/03/02--01001--013
*****61.25 *****61.25

TITLE PD
NAME WOODALL, KAREN
STREET ADDRESS 579 E CALL ST
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

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

TITLE ST
NAME GILBERG, BARBARA D
STREET ADDRESS 1529 COLONIAL
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

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

TITLE D
NAME DAVIS, ANITA
STREET ADDRESS 708 BRAGG STREET
CITY-ST-ZIP TALLAHASSEE FL 32310 ☐ Delete

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

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:

Karen Woodall Karen Woodall

9/6/02 850/222-7607

CR2E037 (9/01)

0005161