

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003554

FILED
May 07, 2007
Secretary of State

Entity Name: PEOPLE'S ADVOCACY CENTER FOR TRAINING, INC.

Current Principal Place of Business:

579 E CALL ST
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

579 E CALL ST
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-3195635 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WOODALL, KAREN
579 E CALL ST
TALLAHASSEE, FL 32301 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: VD () Delete
Name: ROMO, MARGARITA
Address: 37240 LOCKE ST
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: FORD, CAROLYN FR
Address: 527 KEY ST.
City-St-Zip: QUNICY, FL 32351

Title: D () Delete
Name: BLOCK, LANCE
Address: 3010 THOMASVILLE RD
City-St-Zip: TALLAHASSEE, FL 32308

Title: PD () Delete
Name: WOODALL, KAREN
Address: 579 E CALL ST
City-St-Zip: TALLAHASSEE, FL

Title: ST () Delete
Name: DEVANE, BARBARA D
Address: 426 E 6TH ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: DAVIS, ANITA
Address: 708 BRAGG STREET
City-St-Zip: TALLAHASSEE, FL 32310

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KAREN WOODALL

PRES

05/07/2007

Electronic Signature of Signing Officer or Director

Date