2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2008
Secretary of State

DOCUMENT# N93000003554

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 (X)**

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
Name:		
Address:		
City-St-Zip:		
Title:	ST	(X) Change ( ) Addition
Name:	DEVANE, BARBARA D	
Address:	625 E. BREVARD ST.	
City-St-Zip:	TALLAHASSEE, FL 32308	
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 PD 03/08/2008

Electronic Signature of Signing Officer or Director — Date