

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90014 050 ****70.00

DOCUMENT # N94000000514

1. Entity Name
TRUMAN WORDEN TRAINING CENTER, INC.



Principal Place of Business
**1001 N.E. 3RD AVE.
POMPANO BEACH, FL 33060 US**

Mailing Address
**1001 N.E. 3RD AVE.
POMPANO BEACH, FL 33060**

30000401



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-0473706

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**CASTINO, FONNIE
1931 N.E. 27TH STREET
LIGHTHOUSE POINT, FL 33064**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **RS** ☐ Delete
NAME **JOHNSON, SANDY**
STREET ADDRESS **2411 NE 31ST. COURT**
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

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

TITLE **VD** ☐ Delete
NAME **INGALLS, BRIAN**
STREET ADDRESS **2480 S.E. 8TH COURT**
CITY-ST-ZIP **POMPANO BEACH, FL 33442**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3100 NE 47th Court-Townhouse #4**
CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE **PD** ☐ Delete
NAME **LLOYD, ROBERT**
STREET ADDRESS **1373 S.W. 28TH AVE.**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

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

TITLE **STD** ☐ Delete
NAME **CASTINO, FONNIE**
STREET ADDRESS **350 E. LAS OLAS BLVD., SUITE 1800**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Fonn K. Castino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-06

Date

954-765-3932

Daytime Phone #