

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90004 011 \*\*\*\*70.00

**DOCUMENT # N94000000514**

1. Entity Name  
**TRUMAN WORDEN TRAINING CENTER, INC.**



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

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

40040010



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0473706**

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

**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, 2007**

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 **3100 NE 47TH CT TOWNHOUSE # 4**  
CITY - ST - ZIP **FORT LAUDERDALE, FL 33308**

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

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 **1931 N.E. 27th Street**  
STREET ADDRESS **Lighthouse Point, FL 33064**  
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 Castino*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #