

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003404 (0)**

1. Corporation Name

**SPECIAL TRAINING AND REHABILITATION FOUNDATION,
INC.**



Principal Place of Business

Mailing Address

**525 BOWMAN TERRACE
PORT CHARLOTTE FL 33953**

**525 BOWMAN TERRACE
PORT CHARLOTTE FL 33953**

3. Date Incorporated or Qualified
07/11/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 525 Bowman Terrace

26 525 Bowman Terrace

4. FEI Number

65-0523921

Applied For

Not Applicable

Suite, Apt. #, etc

22 Port Charlotte, FL.

Suite, Apt. #, etc.

27 Port Charlotte, FL.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24 33953

Country

25 Charlotte

Zip

29 33953

Country

30 Charlotte

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARR, DAROL H
2315 AARON ST.
PORT CHARLOTTE FL 33952**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

1/17/96

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **GRAHAM, WILLIAM**
CITY-ST-ZIP **1601 W. MARION AVE., STE. 101
PUNTA GORDA FL 33950**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **CARR, DAROL H**
CITY-ST-ZIP **2315 AARON ST.
PORT CHARLOTTE FL 33952**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **HELPHENSTINE, JOANNE**
CITY-ST-ZIP **5570 RIVERSIDE DR.
PUNTA GORDA FL 33952**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DT**
STREET ADDRESS **SEXTON, FRANK**
CITY-ST-ZIP **133 PECKHAM ST.
PORT CHARLOTTE FL 33952**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **PCEO**
STREET ADDRESS **Laneuville, Bryan G.**
CITY-ST-ZIP **525 Bowman Terrace
Port Charlotte, FL. 33953**

51 TITLE ☐ Change ☒ Addition
52 NAME **PCEO**
53 STREET ADDRESS **Laneuville, Bryan G.**
54 CITY-ST-ZIP **525 Bowman Terrace
Port Charlotte, FL. 33953**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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, trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/95

(941) 629-5655

Date

Daytime Phone #

CR2E037 (12/95)