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FILED

Feb 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 33953525 BOWMAN TERRACE  
PORT CHARLOTTE FL 33953-21863. Date Incorporated or Qualified  
07/11/19943a. Date of Last Report  
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0523921

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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.

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 DP ☐ DELETE  
NAME GRAHAM, WILLIAM  
STREET ADDRESS 1601 W. MARION AVE., STE. 101  
CITY-ST-ZIP PUNTA GORDA FL 339501.1 TITLE CD ☒ Change ☐ Addition  
1.2 NAME DR. ROBERT ANDREWS  
1.3 STREET ADDRESS 2508 Deborah Drive  
1.4 CITY-ST-ZIP PUNTA GORDA, FL. 33950TITLE DV ☐ DELETE  
NAME CARR, DAROL H  
STREET ADDRESS 2315 AARON ST.  
CITY-ST-ZIP PORT CHARLOTTE FL 339522.1 TITLE VDD ☒ Change ☐ Addition  
2.2 NAME TONY EDGERS  
2.3 STREET ADDRESS 1086 VAN BUREN AVENUE  
2.4 CITY-ST-ZIP PORT CHARLOTTE, FL. 33952TITLE DS ☐ DELETE  
NAME HELPHENSTINE, JOANNE  
STREET ADDRESS 5570 RIVERSIDE DR.  
CITY-ST-ZIP PUNTA GORDA FL 339523.1 TITLE SD ☐ Change ☐ Addition  
3.2 NAME TRACY THOMAS  
3.3 STREET ADDRESS 22107 ELMIRA BLVD.  
3.4 CITY-ST-ZIP PORT CHARLOTTE, FL. 33952TITLE DT ☐ DELETE  
NAME SEXTON, FRANK  
STREET ADDRESS 133 PECKHAM ST.  
CITY-ST-ZIP PORT CHARLOTTE FL 339524.1 TITLE TD ☒ Change ☐ Addition  
4.2 NAME HENRY SMITH  
4.3 STREET ADDRESS 1161 RICHTER STREET  
4.4 CITY-ST-ZIP PORT CHARLOTTE, FL. 33952TITLE PCEO ☐ DELETE  
NAME LANEUVILLE, BRYAN G.  
STREET ADDRESS 525 BOWMAN TERRACE  
CITY-ST-ZIP PT. CHARLOTTE FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or 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:

Henry Smith

1/10/97

Date

Daytime Phone # 0057807

CR2E037 (9/96)