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Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003404 (0)**

1. Corporation Name

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

Principal Place of Business

**525 BOWMAN TERRACE  
PORT CHARLOTTE FL 33953**

Mailing Address

**525 BOWMAN TERRACE  
PORT CHARLOTTE FL 33953**

3. Date Incorporated or Qualified

**07/11/1994**

4. FEI Number

**65-0523921**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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	CD	<input checked="" type="checkbox"/> DELETE
NAME	ANDREWS, DR ROBERT	
STREET ADDRESS	2508 DEBORAH DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL	

1.1 TITLE	C/TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EXTEJT, EUGENE	
1.3 STREET ADDRESS	4430 HARBOR BLVD.	
1.4 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33952	

TITLE	VOD	<input checked="" type="checkbox"/> DELETE
NAME	EDGERS, TONY	
STREET ADDRESS	1086 VAN BUREN AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL	

2.1 TITLE	VC/TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HULL, ROBERT	
2.3 STREET ADDRESS	2152 NUREMBERG BLVD.	
2.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33982	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, TRACY	
STREET ADDRESS	22107 ELMIRA BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL	

3.1 TITLE	S/T/TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CASA, BARBARA	
3.3 STREET ADDRESS	23278 LEHIGH AVE.	
3.4 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33954	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, HENRY	
STREET ADDRESS	1161 RICHTER ST	
CITY-ST-ZIP	PORT CHARLOTTE FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	PCEO	<input checked="" type="checkbox"/> DELETE
NAME	LANEUVILLE, BRYAN G.	
STREET ADDRESS	525 BOWMAN TERRACE	
CITY-ST-ZIP	PT. CHARLOTTE FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

*Barbara Casa* Barbara Casa 1/4/98 (941) 629 5655

CR2E037 (10/97)