

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 # N95000002042 (8)

Corporation Name

FUTURISTIC INTELLIGENT TRAINING, INC.

Principal Place of Business

RT. 1, BOX 371  
BLOUNTSTOWN FL 32424

Mailing Address

RT. 1, BOX 371  
BLOUNTSTOWN FL 32424



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/28/1995		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	APPLICABLE 58-3217216 1702-002312-60C		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BAILEY, IVEY RT. 1, BOX 371 BLOUNTSTOWN FL 32424				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 IVEY BAILEY

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

(NOTE: Registered Agent signature required when reinstating)

8/11/96

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAULDIN, NANCY R	12 NAME	
STREET ADDRESS	P.O. BOX 34 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	14 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	21 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEACOCK, KELLI	22 NAME	COULTER, BRADLEY
STREET ADDRESS	305 S. PEAR	23 STREET ADDRESS	P.O. BOX 4082 3589 Pickett Court
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	24 CITY-ST-ZIP	Tallahassee, FL 32315-4082 32311
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEASON, R.W.	32 NAME	
STREET ADDRESS	120 W. CENTRAL	33 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	34 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	41 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, BROOKS	42 NAME	Brock, Margaret
STREET ADDRESS	1425 S. PEAR	43 STREET ADDRESS	424 Burns Ave.
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	44 CITY-ST-ZIP	BLOUNTSTOWN, FL 32424
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATLIN, MANUEL	52 NAME	
STREET ADDRESS	P.O. BOX 846 N/A	53 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEARD, GERALDINE	62 NAME	900001931159
STREET ADDRESS	827 HUGH CREEK RD.	63 STREET ADDRESS	-08/23/96--01033--018
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	64 CITY-ST-ZIP	***\$1.25

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/96

DATE

904/074-2680

Daytime Phone #

CR2E037 (12/95)