

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 05 1998 8:00am
Secretary of State

DOCUMENT # N95000002042 (8)

1. Corporation Name

FUTURISTIC INTELLIGENT TRAINING, INC.

Principal Place of Business

Mailing Address

RT. 1, BOX 371
BLOUNTSTOWN FL 32424

RT. 1, BOX 371
BLOUNTSTOWN FL 32424

3. Date Incorporated or Qualified

04/28/1995

4. FEI Number

58-3217216

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BAILEY, IVEY
RT. 1, BOX 371
BLOUNTSTOWN FL 32424

10. Name and Address of New Registered Agent

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

TITLE **D** ☒ DELETE
NAME **MAULDIN, NANCY R**
STREET ADDRESS **P.O. BOX 34 N/A**
CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

TITLE **D** ☐ DELETE
NAME **COULTER, BRADLEY**
STREET ADDRESS **3500 PICKETT CT.**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **D** ☒ DELETE
NAME **DEASON, R.W.**
STREET ADDRESS **120 W. CENTRAL**
CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

TITLE **D** ☒ DELETE
NAME **BROCK, MARGARET**
STREET ADDRESS **424 BURNS AVE.**
CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

TITLE **D** ☒ DELETE
NAME **GATLIN, MANUEL**
STREET ADDRESS **P.O. BOX 846 N/A**
CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

TITLE **D** ☐ DELETE
NAME **SHEARD, GERALDINE**
STREET ADDRESS **827 HUGH CREEK RD.**
CITY-ST-ZIP **BLOUNTSTOWN FL 32424**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Gayle Dalati**
1.3 STREET ADDRESS **Highway 71 North**
1.4 CITY-ST-ZIP **Blountstown, FL 32424**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Bailey, Van**
2.3 STREET ADDRESS **Rt. 1 Box 438 N/A**
2.4 CITY-ST-ZIP **Blountstown, FL 32424**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Peterzen, Majken**
3.3 STREET ADDRESS **541 Beverly Court**
3.4 CITY-ST-ZIP **Tallahassee, FL 32301**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Bailey, Ivey**
4.3 STREET ADDRESS **Rt. 1 Box 371 N/A**
4.4 CITY-ST-ZIP **Blountstown, FL 32424**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)