


FILE NOW: FILING FEE IS \$61.25

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90083 039 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000002042					
1. 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 21 Highway 20 West Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 1065 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/28/1995	
City & State 23 Blountstown FL		City & State 28 Blountstown FL		4. FEI Number 58-3217216	
Zip Country 24 32424 25 U.S.A.		Zip Country 29 32424 30 U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALATI, GAYLE		1.2 NAME	CLEMONS, JUNE M.	
STREET ADDRESS	HWY 71 N		1.3 STREET ADDRESS	RT. 1 Box 104	
CITY-ST.-ZIP	BLOUNTSTOWN FL 32424		1.4 CITY-ST-ZIP	CLARKSVILLE FL 32430	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COULTER, BRADLEY		2.2 NAME		
STREET ADDRESS	3589 PICKETT CT.		2.3 STREET ADDRESS		
CITY-ST.-ZIP	TALLAHASSEE FL 32311		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, VAN		3.2 NAME		
STREET ADDRESS	RT 1 BOX 438 N/A		3.3 STREET ADDRESS		
CITY-ST.-ZIP	BLOUNTSTOWN FL 32424		3.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERZEN, MAJKEN		4.2 NAME		
STREET ADDRESS	541 BEVERLY CT		4.3 STREET ADDRESS		
CITY-ST.-ZIP	BLOUNTSTOWN FL 32424		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, IVEY		5.2 NAME		
STREET ADDRESS	RT 1 BOX 371 N/A		5.3 STREET ADDRESS		
CITY-ST.-ZIP	BLOUNTSTOWN FL 32424		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEARD, GERALDINE		6.2 NAME		
STREET ADDRESS	827 HUGH CREEK RD.		6.3 STREET ADDRESS		
CITY-ST.-ZIP	BLOUNTSTOWN FL 32424		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 **(850)674-2668**
Date Daytime Phone #