✓ SECOND N	OTICE: CORPORATION WILL BE DISSO OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, I	OLVED ON OR AFTER AUC		5.)
NON CORP ANNUA	IPROFIT ORATION AL REPORT 996	FLORIDA DEPARTME Sandra B. Mo Secretary of DIVISION OF CORI	NT OF STATE ortham State	
DOCUMENT # N9500002439 (6)				
THE SENIOR TRAINING EMPLOYMENT PROGRAM, INC.				
Principal Place of Business Mailing Address				
2747 WEST INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32124-1011 2747 WEST INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32124-1011				
DAYTONA BEACH FL 32124-1011 DAYTONA BEACH FL 32124-1011			3. Date Incorporated or Qualified 3a. Date of Last Report	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number Applied For	
Suite, Apt. #, etc. SUD Suite, Apt. #, etc. BLUD			60.75	
City & State	27	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Z ip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
24	25 29 9. Name and Address of Current Regi	30 stered Agent		10. Name and Address of New Registered Agent
PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH FL 32115-2491 81 Name 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 DIR	ECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D Ford, Vincetta	DELETE	1.1 TITLE 1.2 NAME	DAVIS, Robert
NAME STREET ADDRESS	723 W. HIGHLAND AVE	ļ.	1.3 STREET ADDRESS	1919 S. PENINSULA DR . ZZILO
CITY-ST-ZIP	DELAND FL 32720-5213	DELETE	1.4 CITY - ST - ZIP	DAYTONA BEACH , PC 32110
TITLE NAME	D Harris, Dilys	☐ perere	21 TITLE 22 NAME	Heldrich, NAMETTE
STREET ADDRESS	219A MAGNOLIA AVENUE		2.3 STREET ADDRESS	917 HAMLIN S. DAYLON FL 32119
CITY-ST-ZIP	DAYTONA BEACH FL 32114-430	5 DELETE	2 4 CITY - ST - ZIP 3.1 TITLE	Change Na Addition
TITLE NAME	d Laucks, Philip Rev.	Jan Colore	3.2 NAME	Nowviskie Ronald 1320 OAK FOREST DR
STREET ADDRESS	900 ELEVENTH STREET		3.3 STREET ADDRESS	1320 DAK FOREST DR
CITY-ST-ZIP	HOLLY HILL FL 32117-3100	DELETE	3.4. City-St-Zip	5 DRMOND BEACH, FL 32174
TITLE NAME	LEE, SHIRLEY	٠	4.2 NAME	TALLENT, DEBBIG
STREET ADDRESS	640 SECOND AVENUE	•	4.3 STREET ADORESS	1205 TERRA FIRMA TRU DELAHD, FL 32724
CITY-ST-ZIP TITLE	DAYTONA BEACH FL 32120-308	DELETE	4.4 City - ST - ZIP 5.1 TITLE	Change Addition
NAME	MURPHY, L.T. "PAT"	_	5.2 NAME	
STREET ADDRESS	302 JOHN ANDRESON DRIVE	Δ.	5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	ORMOND BEACH FL 32176-570	8 DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Change Addition
NAME	NILSSON, MARY	—	6.2 NAME	
STREET ADDRESS	80 WOODBOURNE DRIVE	٨	6 3 STREET ADORESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174-464 by certify that the information supplied with	41 19 1 1 1 1 1 1 1 1 1 1	6.4 City-St-ZiP ished 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 airrular report is true and accurate and that my significant supplemental airrular report is true and accurate and that my significant supplemental airrular report is true and accurate and that my significant supplemental airrular report is true and accurate and that my significant supplemental airrular report is true and accurate and that my significant supplemental airrular report is true and accurate and that my significant supplemental airrular report is true and accurate and that my significant supplemental airrular report is true and accurate and that my significant supplemental airrular report is true and accurate and that my significant supplemental airrular report is true and accurate and that my significant supplemental airrular report is true and accurate and that my significant supplemental airrular report is true and accurate and that my significant supplemental airrular report is true and accurate and that my significant supplemental airrular report is true and accurate and that my significant supplemental airrular report is true and accurate and that my significant supplemental airrular report is true and accurate and that my significant supplemental airrular report is true and accurate and true are report and accurate and that my significant supplemental airrular report of the correct supplemental airrular r				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date				