

FILE NOW: FILING FEE IS \$61.25

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Apr 13 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 # N95000002439 (6)**

1. Corporation Name

**THE SENIOR TRAINING EMPLOYMENT PROGRAM, INC.**



Principal Place of Business	Mailing Address
<b>3747 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH FL 32124-1011 US</b>	<b>3747 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH FL 32124-1011 US</b>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	<b>05/22/1995</b>
4. FEI Number	<b>59-3375018</b>
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
<b>PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH FL 32115-2491</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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)

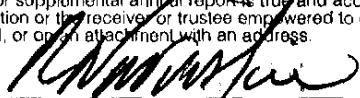
DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FORD, VINCETTA</b>
STREET ADDRESS	<b>723 W. HIGHLAND AVE</b>
CITY-ST-ZIP	<b>DELAND FL 32720-5213</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HARRIS, DILYS</b>
STREET ADDRESS	<b>219A MAGNOLIA AVENUE</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114-4305</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>DAVIS, ROBERT</b>
STREET ADDRESS	<b>1919 S PENINSULA DR</b>
CITY-ST-ZIP	<b>DAYTONA BCH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LEE, SHIRLEY</b>
STREET ADDRESS	<b>640 SECOND AVENUE</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32120-3099</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HEIDRICH, NANNETTE</b>
STREET ADDRESS	<b>719 WALKER ST</b>
CITY-ST-ZIP	<b>HOLLY HILL FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>NOWISKIE, RON</b>
STREET ADDRESS	<b>1320 OAK FOREST DR</b>
CITY-ST-ZIP	<b>ORMOND BCH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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)(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:



4-2-98

CR2E037 (10/97)