

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90004 049 ****61.25

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1. Corporation Name

THE SENIOR TRAINING EMPLOYMENT PROGRAM, INC.

Principal Place of Business

3747 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH FL 32124-1011
US

Mailing Address

3747 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH FL 32124-1011
US



2. Principal Place of Business

21 Suite, Apt. #, etc:

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc:

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/22/1995

4. FEI Number

59-3375018

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH FL 32115-2491

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 FORD, VINCETTA
STREET ADDRESS 723 W. HIGHLAND AVE
CITY-ST-ZIP DELAND FL 32720-5213

TITLE D ☐ DELETE

NAME HARRIS, DILYS
STREET ADDRESS 219A MAGNOLIA AVENUE
CITY-ST-ZIP DAYTONA BEACH FL 32114-4305

TITLE P ☐ DELETE

NAME DAVIS, ROBERT
STREET ADDRESS 1919 S PENINSULA DR
CITY-ST-ZIP DAYTONA BCH FL

TITLE D ☐ DELETE

NAME LEE, SHIRLEY
STREET ADDRESS 640 SECOND AVENUE
CITY-ST-ZIP DAYTONA BEACH FL 32120-3099

TITLE D ☐ DELETE

NAME HEIDRICH, NANNETTE
STREET ADDRESS 719 WALKER ST
CITY-ST-ZIP HOLLY HILL FL

TITLE T ☐ DELETE

NAME NOWISKIE, RON
STREET ADDRESS 1320 OAK FOREST DR
CITY-ST-ZIP ORMOND BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99

Date

904-258-4700

Daytime Phone #

CR2E037 (1/98)