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Mar 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000000296 (1)

1. Corporation Name

RETRAINING INDUSTRIES AND SKILLS ENHANCEMENT, IN
C.



Principal Place of Business

Mailing Address

5540 RIO VISTA DRIVE
CLEARWATER FL 34620

5540 RIO VISTA DRIVE
CLEARWATER FL 34620-3107

3. Date Incorporated or Qualified

01/18/1996

3a. Date of Last Report

2. Principal Place of Business

12425 28th St. N.

2a. Mailing Address

12425 28th St. N.

4. FEI Number

59-356212

Applied For

Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22. City & State

St. Petersburg, FL

27. City & State

St. Petersburg, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23. Zip

33716

Country

USA

28. Zip

33716

Country

USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BREWTON, WILBUR E
225 SOUTH ADAMS STREET
SUITE 250
TALLAHASSEE FL 32301

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 ☐ DELETE
NAME BRYANT, CECILIA
STREET ADDRESS 1400 PRUDENTIAL DRIVE, #7
CITY - ST - ZIP JACKSONVILLE FL 32207

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME DAVIS, PAMELA JO
STREET ADDRESS 5540 RIO VISTA DRIVE
CITY - ST - ZIP CLEARWATER FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME D
2.3 STREET ADDRESS Pamela Jo Davis
2.4 CITY - ST - ZIP 12425 28th St. North
St. Petersburg, FL

TITLE D ☐ DELETE
NAME GOODE, R. RAY
STREET ADDRESS 3600 N.W. 82ND AVENUE
CITY - ST - ZIP MIAMI FL 33166

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME HUMPHRIES, FREDERICK S DR.
STREET ADDRESS FOOTE-HILYAR ADMINISTRATION BLDG.
CITY - ST - ZIP TALLAHASSEE FL 32307

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME LEIVA, MARIA CAMILA
STREET ADDRESS 2305 N.W. 107TH AVENUE
CITY - ST - ZIP MIAMI FL 33172

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

TITLE D ☐ DELETE
NAME MAY, RANDALL L
STREET ADDRESS P.O. BOX 654 N/A
CITY - ST - ZIP CAPE CANAVERAL FL 32920

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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

Feb 6, 1997

813/572-1987

CR2E037 (9/96)