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Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003597 (9)

1. Corporation Name

JOB TRAINING CENTERS, INC.

Principal Place of Business

3405 NW FEDERAL HWY STE 101
JENSEN BEACH FL 34957

Mailing Address

3405 NW FEDERAL HWY STE 101
JENSEN BEACH FL 34957-44393. Date Incorporated or Qualified
07/09/1996

3a. Date of Last Report

2. Principal Place of Business

21 810 S. 6th St.,
Suite, Apt. #, etc.

2a. Mailing Address

26 810 S. 6th St.,
Suite, Apt. #, etc.

4. FEI Number

65-069 5092

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

22 City & State

23 Fort Pierce FL

27 City & State

28 Fort Pierce, FL

24 Zip Country

34950

29 Zip Country

34950

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FARRELL, RICHEY L
1595 SW PT ST LUCIE BLVD
ST LUCIE FL 34952

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 FARRELL, RICHEY L
STREET ADDRESS 1595 SE PT ST LUCIE BLVD
CITY-ST-ZIP PT ST LUCIE FL 349521.1 TITLE Executive Director ☐ Change ☒ Addition
1.2 NAME Bobbie Howard-davis
1.3 STREET ADDRESS 810 S. 6th Street
1.4 CITY-ST-ZIP Ft. Pierce, FL 34950TITLE D ☐ DELETE
NAME PRUITT, KEN
STREET ADDRESS 2500 SE MIDPORT ROAD STE 320
CITY-ST-ZIP PT ST LUCIE FL 349522.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME FOGAL, CHRISTOPHER
STREET ADDRESS 415 S SECOND ST STE 200
CITY-ST-ZIP FT PIERCE FL 349503.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME MASCIOLI, I A
STREET ADDRESS 1004 S US HWY ONE
CITY-ST-ZIP FT PIERCE FL 349504.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/97 561/465-8844

Date

Daytime Phone # 0071242

CR2E037 (9/96)