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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003597 (9)**

1. Corporation Name

JOB TRAINING CENTERS, INC.

Principal Place of Business

Mailing Address

**810 S 6TH ST
FORT PIERCE FL 34950
US**

**810 S 6TH ST
FORT PIERCE FL 34950
US**



3. Date Incorporated or Qualified

07/09/1996

4. FEI Number

65-0685092

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

Country

29 Zip

Country

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME **D FARRELL, RICHEY L**
STREET ADDRESS **1595 SE PT ST LUCIE BLVD**
CITY-ST-ZIP **PT ST LUCIE FL 34952**

1.2 NAME **S Bobbie Howard-davis**
1.3 STREET ADDRESS **810 S. 6th Street**
1.4 CITY-ST-ZIP **Ft. Pierce, FL 34950**

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME **D PRUITT, KEN**
STREET ADDRESS **2500 SE MIDPORT ROAD STE 320**
CITY-ST-ZIP **PT ST LUCIE FL 34952**

2.2 NAME **D Gary Lindsey**
2.3 STREET ADDRESS **1015 48th Terrace**
2.4 CITY-ST-ZIP **Vero Beach, FL 32966**

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME **D FOGAL, CHRISTOPHER**
STREET ADDRESS **415 S SECOND ST STE 200**
CITY-ST-ZIP **FT PIERCE FL 34950**

3.2 NAME **D Deborah Hooker**
3.3 STREET ADDRESS **207 Northwest 2nd Street**
3.4 CITY-ST-ZIP **Okeechobee, FL 34972**

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☒ Addition

NAME **D MASCIOLI, I A**
STREET ADDRESS **1004 S US HWY ONE**
CITY-ST-ZIP **FT PIERCE FL 34950**

4.2 NAME **D WILLIE GARY**
4.3 STREET ADDRESS **320 S. INDIAN RIVER Drive**
4.4 CITY-ST-ZIP **FT. PIERCE, FL 34950**

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☒ Addition

NAME

5.2 NAME **D Dennis Hudson**

STREET ADDRESS

5.3 STREET ADDRESS **U.S. #1 & Colorado Ave**

CITY-ST-ZIP

5.4 CITY-ST-ZIP **STUART, FL 34995**

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☒ Addition

NAME

6.2 NAME **D RON HUDSON**

STREET ADDRESS

6.3 STREET ADDRESS **4235 27th Ave**

CITY-ST-ZIP

6.4 CITY-ST-ZIP **VERO BEACH, FL 32967**

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:

Bobbie Howard-davis

Bobbie Howard-davis 2/11/98

561/465-8844

CP2E037 (10/97)