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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003597

1. Corporation Name
JOB TRAINING CENTERS, INC.

Principal Place of Business 810 S 6TH ST FORT PIERCE FL 34950 US	Mailing Address 810 S 6TH ST FORT PIERCE FL 34950 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/09/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0685092
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARRELL, RICHEY L	1.2 NAME	Lindsey, Gary
STREET ADDRESS	1595 SE PT ST LUCIE BLVD	1.3 STREET ADDRESS	1015 48th Terrace
CITY-ST-ZIP	PT ST LUCIE FL 34952	1.4 CITY-ST-ZIP	Vero Beach FL 32966
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRUITT, KEN	2.2 NAME	Hooker, Deborah
STREET ADDRESS	2500 SE MIDPORT ROAD STE 320	2.3 STREET ADDRESS	207 Northwest 2nd Street
CITY-ST-ZIP	PT ST LUCIE FL 34952	2.4 CITY-ST-ZIP	Okeechobee FL 34972
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOGAL, CHRISTOPHER	3.2 NAME	Gary, Willie
STREET ADDRESS	415 S SECOND ST STE 200	3.3 STREET ADDRESS	320 S. Indian River Dr
CITY-ST-ZIP	FT PIERCE FL 34950	3.4 CITY-ST-ZIP	FT. Pierce FL 34950
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASCIOLI, I A	4.2 NAME	Hudson, Dennis
STREET ADDRESS	1004 S US HWY ONE	4.3 STREET ADDRESS	U.S. #1 & Colorado Ave
CITY-ST-ZIP	FT PIERCE FL 34950	4.4 CITY-ST-ZIP	Stuart FL 34995
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Hudson, Ron
STREET ADDRESS		5.3 STREET ADDRESS	4235 27th Ave
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Vero Beach FL 32967
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Rowley, Jane
STREET ADDRESS		6.3 STREET ADDRESS	1407 Village Green Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Port St Lucie FL 34952

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]* SIGNATURE REQUIRED 4/16/99 561-465-8844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

