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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT #

1. Corporation Name
The National Training And Technical Assistance Center, Inc.

Principal Place of Business
1005 Polk St
Bartow, Fl 33830

Mailing Address
Same

560348 - 90065 - 15

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

3. Date Incorporated or Qualified

4. FEI Number
59-3501412
☐ 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
Mable A. Burgess
830 Polk St
Bartow, Fl 33830

10. Name and Address of New Registered Agent
81 Name Carl S. Burgess
82 Street Address (P.O. Box Number is Not Acceptable) 1005 Polk St
83
84 City Bartow FL 85 Zip Code 33830

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 Carl S. Burgess (NOTE: Registered Agent signature required when reinstating) DATE 4/14/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	President D		2.1 TITLE	
NAME	Elizabir Courtenay		2.2 NAME	
STREET ADDRESS	651 Sherwood Dr		2.3 STREET ADDRESS	
CITY-ST-ZIP	Altamonte Springs Fl 32701		2.4 CITY-ST-ZIP	
TITLE	Vice President		3.1 TITLE	
NAME	Carl S. Burgess D		3.2 NAME	
STREET ADDRESS	1005 Polk St		3.3 STREET ADDRESS	
CITY-ST-ZIP	Bartow, Fl 33830		3.4 CITY-ST-ZIP	
TITLE	Vice President		4.1 TITLE	
NAME	Gwen Myers D		4.2 NAME	
STREET ADDRESS	16162 Gardendale Dr		4.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa Fl 33624		4.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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: Carl S. Burgess 4/14/99 941-519-0555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #