2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 28, 2005 8:00 am Secretary of State

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DOCUMENT # N9900001850 1. Entity Name FLORIDA LEADERSHIP FOR CAREER AND TECHNICAL EDUCATION, INC.								01-28-2005 90036 040 ****61.25					
Principal Place of Business 1220 N PAUL RUSSELL ROAD TALLAHASSEE, FL 32301 US				Mailing Address 1220 N PAUL RUSSELL ROAD TALLAHASSEE, FL 32301 US								5000	8022
Principal Place of Business 3. Mailing Address													
Suite, Apt. #, etc.			Suite, Apt. #, etc.				a	1242005	Chg-NP		CR2E	037 (10/03)	
City & State			City & State				4.	4. FEI Number Applied For 59-3568227 Not Applicable					
Zip	<u> </u>	Country Zip			Country			Certificate	of Status D	esired	.Q.,	\$8.75 Ad Fee Require	
	6. Name	and Address of Current I	Registere	d Agent			7.	Name and	Address o	f New R	egistered	Agent	
ETHERIDGE, CHARLES 5330 BERRYHILL RD MILTON, FL 32570				Name Street Address			ess (P.O.	(P.O. Box Number is Not Acceptable)					
				City							FI	L Zip Coo	de
8. The above the obligat	named entity ions of regist	submits this statement for ered agent.	the purpo	ose of changing its re	egistere	ed office or reg	gistered a	agent, or bot	th, in the Sta	ate of Flo	orida. Lan	n familiar with	, and accept
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title il eppi	icable. (NOTE:	Registered	d Agent signature re	equired wher	renstating)			DATE		
					Election Campaign Financing Trust Fund Contribution.			.00 May B	e			ck payable artment of S	
10.	OFFICERS AND DIRECTORS			11.			ADD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	PPD			☐ Delete	TITLE							Change	Addition
NAME	MILLER,	TERRY			NAME	:							
STREET ADDRESS	12900 LAI	NE PARK RD.			STRE	ET ADDRESS							

	Due by May 1, 2005	Trust Fund Contribution.			Added to Fees	Florida Department of State			
10.	OFFICERS AND DIRECTORS		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD MILLER, TERRY 12900 LANE PARK RD. TAVARES, FL 32778	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHMIDT, KATHIE 4204 OKEECHOBEE RD. FORT PIERCE, FL 34947	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	.=.			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDETHEREDGE, CHARLIE 5330 BERRYHILL ROAD MILTON, FL 32570	☐ Delete.	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	-	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIS, JUDI 23187 MACLELLAN AVENUE PORT CHARLOTTE, FL 33980	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	

12. 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 report or supplemental 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 of powered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attacking my with an access, with all other like empowered.