

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000005017 (6)**

1. Corporation Name

**EFFECTIVE TRAINING AND COMMUNICATIONS, INC.**



Principal Place of Business

Mailing Address

**2379 TREASURE ISLE DR #24  
PALM BEACH GARDENS FL 33410**

**2379 TREASURE ISLE DR #24  
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business  
21 **1890 Ocala Rd.**

2a. Mailing Address  
26 **4300 S. US Hwy #1**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22  
City & State  
23 **JUNO BEACH, FL**

27  
City & State  
28 **JUPITER, FL**

24 Zip  
**33408**

25 Country  
**PALM BCH.**

29 Zip  
**33477**

30 Country  
**PALM BCH.**

3. Date Incorporated or Qualified  
**01/17/1994**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**65-0467182**

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**

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DABNEY, LINWOOD M  
2379 TREASURE ISLE DR #24  
PALM BEACH GARDENS FL 33410**

81 Name  
**DONALD C. DABNEY**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3284 BLANDING BLV.**

83

84 City  
**MIDDLEBURG** FL 85 Zip Code  
**32068**

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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 607.0505, Florida Statutes.

SIGNATURE **Donald C. Dabney**  
Signature typed or printed name of registered agent

Date Registered Agent Signature Required for Filing

**6/7/96**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PRESIDENT** ☐ DELETE  
NAME **DABNEY, BARBARA J.**  
STREET ADDRESS **2379 TREASURE ISLE DR #24**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition  
1.2 NAME **DABNEY, BARBARA J.**  
1.3 STREET ADDRESS **4300 S. US Hwy #1, SUITE 203-345**  
1.4 CITY-ST-ZIP **JUPITER, FL 33477**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE **VP SEC. TREAS.** ☐ Change ☒ Addition  
2.2 NAME **DONALD C. DABNEY**  
2.3 STREET ADDRESS **3284 BLANDING BLV.**  
2.4 CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE **DABNEY, LINWOOD M.** ☒ DELETE  
NAME **2379 TREASURE ISLE DR #24**  
STREET ADDRESS **Palm Beach Gdns, FL 33410**  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Barbara Dabney**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/7/96**  
Date

**407/694-1331**  
Daytime Phone #

CR2E034 (12/95)