

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000003164

FILED
May 29, 2020
Secretary of State
9094891806CC

Entity Name: TRAINING, REHABILITATION, & DEVELOPMENT INSTITUTE, INC.

Current Principal Place of Business:

425 SOLEDAD, STE 800
SAN ANTONIO, TX 78205

Current Mailing Address:

425 SOLEDAD, STE 800
SAN ANTONIO, TX 78205 US

FEI Number: 74-2938051

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name RANGEL, JOHN
Address 425 SOLEDAD, STE 800
City-State-Zip: SAN ANTONIO TX 78205

Title SECRETARY
Name PERRY, WILLIAM
Address 425 SOLEDAD, STE 800
City-State-Zip: SAN ANTONIO TX 78205

Title DIRECTOR
Name SCHEEL, ALEX
Address 425 SOLEDAD, STE 800
City-State-Zip: SAN ANTONIO TX 78205

Title DIRECTOR
Name RITCHIE, WALTER
Address 425 SOLEDAD, STE 800
City-State-Zip: SAN ANTONIO TX 78205

Title VP
Name SERNA, DAYANIRA
Address 425 SOLEDAD, STE 800
City-State-Zip: SAN ANTONIO TX 78205

Title ACCOUNTING OFFICER
Name ROCHA, MARIA
Address 425 SOLEDAD, STE 800
City-State-Zip: SAN ANTONIO TX 78205

Title CHAIRMAN
Name MOORE, BRENTON
Address 425 SOLEDAD, STE 800
City-State-Zip: SAN ANTONIO TX 78205

Title DIRECTOR
Name SALINAS, BEN
Address 425 SOLEDAD, STE 800
City-State-Zip: SAN ANTONIO TX 78205

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARIA ROCHA

ACCOUNTING MANAGER 05/29/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TAFOLLA, ROLANDO
Address 425 SOLEDAD, STE 800
City-State-Zip: SAN ANTONIO TX 78205