

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008847

FILED  
May 22, 2006  
Secretary of State

**Entity Name:** THE WORKSHOP FOR ADULT VOCATIONAL ENRICHMENT, INC.

**Current Principal Place of Business:**

606 W. FOURTH AVENUE, SUITE 12  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

300 MABRY STREET  
TALLAHASSEE, FL 32304

**Current Mailing Address:**

P.O. BOX 12721  
TALLAHASSEE, FL 323172721

**New Mailing Address:**

P.O. BOX 20044  
TALLAHASSEE, FL 323160044 US

**FEI Number:** 54-2094338      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WIENANTS, LAURA  
24387 LANIER ST.  
TALLAHASSEE, FL 32310      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: WIENANTS, LAURA  
Address: 24387 LANIER ST.  
City-St-Zip: TALLAHASSEE, FL 32310

Title: D      ( ) Delete  
Name: BROWN, DIANE  
Address: 8149 BLUE QUILL TRAIL  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D      ( ) Delete  
Name: MORK, KATHY  
Address: 4101 ARKLOW DR.  
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD      (X) Delete  
Name: BARRETT, JEANNIE  
Address: 5742 VICTOR BROWN TRAIL  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LAURA WIENANTS

PD

05/22/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date