

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008847

FILED
Mar 13, 2009
Secretary of State

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

Current Principal Place of Business:

300 MABRY STREET
TALLAHASSEE, FL 32316

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 20044
TALLAHASSEE, FL 323160044 US

New Mailing Address:

PO BOX 20044
TALLAHASSEE, FL 32316

FEI Number: 54-2094338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARYANSKI, ROBERT E
300 MABRY ST.
TALLAHASSEE, FL 32316 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: LOCKENBACH, RICK
Address: 1012 SUTOR RD
City-St-Zip: TALLAHASSEE, FL 32311

Title: VPD () 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: TREA () Delete
Name: SCHWENDINGER, ANDREA
Address: 506 CACTUS ST.
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC (X) Change () Addition
Name: MORK, KATHY
Address: 4101 ARKLOW DR.
City-St-Zip: TALLAHASSEE, FL 32309

Title: TREA (X) Change () Addition
Name: SCARRY, DENNIS
Address: 3801 CHAIRES CROSS RD.
City-St-Zip: TALLAHASSEE, FL 32317

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT E. MARYANSKI

ADM

03/13/2009

Electronic Signature of Signing Officer or Director

Date