

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90171 002 ****61.25

DOCUMENT # NO2000008847

1. Entity Name

THE WORKSHOP FOR ADULT VOCATIONAL ENRICHMENT, INC.



Principal Place of Business

**24387 LANIER ST.
TALLAHASSEE FL 32310**

Mailing Address

**24387 LANIER ST.
TALLAHASSEE FL 32310**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

54-2094338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WIENANTS, LAURA	
STREET ADDRESS	24387 LANIER ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HENSON, ANN	
STREET ADDRESS	3206 KATHERINE SPEED CT.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENEDIX, CLYDE	
STREET ADDRESS	95 PENNY B. RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32333	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADLEY, DIANE	
STREET ADDRESS	2055 PLANTATION FOREST DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRANTHAM, PEGGY	
STREET ADDRESS	10024 LEAFWOOD DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARRETT, JEANNIE	
STREET ADDRESS	5742 VICTOR BROWN TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32303	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diane Brown	
STREET ADDRESS	8149 Blue Quail Trail	
CITY-ST-ZIP	Tallahassee, FL. 32303	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Grantham	
STREET ADDRESS	10024 Leafwood Drive	
CITY-ST-ZIP	Tallahassee, FL. 32312	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathy Mark	
STREET ADDRESS	4101 Arklow Dr.	
CITY-ST-ZIP	Tallahassee FL. 32309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowered 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date Daytime Phone #

CR2E037 (10/02)