

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008847

FILED
Mar 13, 2015
Secretary of State
CC4667349621

Entity Name: THE WORKSHOP FOR ADULT VOCATIONAL ENRICHMENT, INC

Current Principal Place of Business:

2898 MAHAN DR., SUITE 1
TALLAHASSEE, FL 32308

Current Mailing Address:

PO BOX 20044
TALLAHASSEE, FL 32316

FEI Number: 54-2094338

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHACK, WILLIAM
2898 MAHAN DR., SUITE 1
TALLAHASSEE, FL 32308 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: WILLIAM SCHACK

03/13/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXECUTIVE DIRECTOR
Name SCHACK, WILLIAM
Address 3109 TIPPERARY DRIVE
City-State-Zip: TALLAHASSEE FL 32309

Title PRESIDENT
Name MABILE, LINDA
Address 3888 PADDRICK DR.
City-State-Zip: TALLAHASSEE FL 32309

Title VP
Name CHAPMAN, CYNTHIA
Address 1025 ALACHUA AVE
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name LAFOLLETTE, MATT
Address 1025 ALACHUA AVE.
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name SEARCH, SALLY
Address 2898 MAHAN DR., SUITE 1
City-State-Zip: TALLAHASSEE FL 32308

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: WILLIAM SCHACK

ED

03/13/2015

Electronic Signature of Signing Officer/Director Detail

Date