

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008847

FILED
Feb 07, 2013
Secretary of State
CC8308556432

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:

MARYANSKI, ROBERT E
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name LOCKENBACH, RICK
Address 1012 SUTOR RD
City-State-Zip: TALLAHASSEE FL 32311

Title SECRETARY
Name DROZE, VICKY
Address 224 MERIDIANNA DR.
City-State-Zip: TALLAHASSEE FL 32312

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 TREASURER
Name TAUBE, DEBRA
Address 3328 N. SHORE CIRCLE
City-State-Zip: TALLAHASSEE FL 32312

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

Title DIRECTOR
Name MORK, KATHY
Address 2813 BUNDORAN WAY
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR
Name ETIENNE, PAUL
Address 2294 E. MAGNOLIA DR.
City-State-Zip: TALLAHASSEE FL 32301

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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: ROBERT E MARYANSKI

ADMINISTRATOR

02/07/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name POLLAND, MICHELLE
Address 3043 ROYAL PALM WAY
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR
Name RAY, LINDA
Address 16008 FLETCHER CREEK CT.
City-State-Zip: TALLAHASSEE FL 32310