

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008847

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

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

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

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

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 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