

2014 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	TREASURER
Name	LOCKENBACH, RICK
Address	1012 SUTOR RD
City-State-Zip:	TALLAHASSEE FL 32311

Title	VP
Name	CHAPMAN, CYNTHIA
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

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

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

Title	DIRECTOR
Name	SCHACK, BILL
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: ROBERT E. MARYANSKI**EXECUTIVE DIRECTOR****02/10/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date