


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996 <i>10-96</i>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS <i>B-7293-C</i>
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DOCUMENT # **767637** (2)
1. Corporation Name
THE FLORIDA WORKFORCE DEVELOPMENT ASSOCIATION, INC.



Principal Place of Business 109 8TH AVENUE SHALIMAR FL 32579 US	Mailing Address 109 8TH AVENUE SHALIMAR FL 32579 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/23/1983	3a. Date of Last Report 09/05/1995
4. FEI Number 59-2467722	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SNYDER, SARAH K.
13770 58TH STREET NORTH
SUITE 312E
CLEARWATER FL 34620**

10. Name and Address of New Registered Agent
81 Name
Mary Lou Reed
82 Street Address (P.O. Box Number is Not Acceptable)
109 8th Avenue
83 City
Shalimar
84 City
FL 85 Zip Code
32579

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Mary Lou Reed* 6/28/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD SNYDER, SARAH K <input checked="" type="checkbox"/> DELETE
NAME	13770 58TH STREET NORTH, SUITE 312
STREET ADDRESS	CLEARWATER FL
CITY - ST - ZIP	
TITLE	VD ALFANO, JOSEPH <input type="checkbox"/> DELETE
NAME	3403 NW 82 AVE
STREET ADDRESS	MIAMI FL
CITY - ST - ZIP	
TITLE	VD REED, MARY LOU <input type="checkbox"/> DELETE
NAME	109 8TH AVENUE
STREET ADDRESS	SHALIMAR FL
CITY - ST - ZIP	
TITLE	TD ELZEY, LEE <input type="checkbox"/> DELETE
NAME	19205 CORTEZ BOULEVARD
STREET ADDRESS	BROOKSVILLE FL
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD Reed, Mary Lou <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	109 8th Avenue
1.3 STREET ADDRESS	Shalimar, FL 32579
1.4 CITY - ST - ZIP	
2.1 TITLE	VD Griggs, Nan <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	3405 NW Federal Highway, Suite 101
2.3 STREET ADDRESS	Jensen Beach, FL 34957
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Lou Reed* 6/28/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)