



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90034 002 \*\*\*\*61.25

<b>DOCUMENT # 767637</b> 1. Entity Name <b>THE FLORIDA WORKFORCE DEVELOPMENT ASSOCIATION, INC.</b>					
Principal Place of Business <b>325 JOHN KNOX RD F-140 TALLAHASSEE, FL 32303 US</b>			Mailing Address <b>325 JOHN KNOX RD F-140 TALLAHASSEE, FL 32303 US</b>		
2. Principal Place of Business <b>1901 Mason Ave.</b> Suite, Apt. #, etc. <b>Suite 110</b> City & State <b>Daytona Beach, FL</b> Zip <b>32117</b> Country <b>USA</b>		3. Mailing Address <b>1901 Mason Ave</b> Suite, Apt. #, etc. <b>Suite 110</b> City & State <b>Daytona Beach, FL</b> Zip <b>32117</b> Country <b>USA</b>			
4. FEI Number <b>59-2467722</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THOMPSON, NANCY 205 E MAIN STREET #107 BARTOW, FL 33830</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE: <u><i>Richard A. Fraser</i></u> <span style="float: right;">1/26/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '04</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRASER, RICHARD 1901 MASON AVE STE 110 DAYTONA BEACH, FL 32117	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMPSON, GWENDA 9350 SOUTH FEDERAL HWY PORT SAINT LUCIE, FL 34952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, NANCY 205 E. MAIN ST., #107 BARTOW, FL 33830	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Richard A. Fraser</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1/26/04</u> <small>Date Daytime Phone #</small>		