2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nam THE FLO	MENT # 767637 PRIDA WORKFORCE DEV ATION, INC.	ELOPMENT			9-2004 90034 002 ****61.25	5	
Principal Place of Business Mailing Address 325 JOHN KNOX RD 325 JOHN KNOX					J3~		
F-140 F-140 TALLAHASSEE, FL 32303 US TALLAHASSEE, FL 32303			303 US				
2. Principal Place of Business 3. Mailing Address 1901 Mason Ave. 1901 Mason			- A.e			l	
Suite. Apt. #, etc.		Suite, Apt. #, etc.		01262004 Chg-NP	CR2E037 (10/03)		
Suite 110 City & State		Suite 110 City & State		4. FEI Number	Applied Fo	or	
Daytona Beach, FL.		Daytona Beach, FL		59-2467722	Not Applic	able	
3211	7 Country USA	32 117	i SA	5. Certificate of Status De	sired		
-	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent Name			
205 E MA!	ON, NANCY IN STREET #107 , FL 33830			Street Address (P.O. Box Number is Not Acceptable)			
			City		FL Zip Code		
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 Bulkind A Justic 1/26/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE.							
Filing Fee Is \$61.25 Due by May 1, 2004 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. Added to Fees Make check payable to Florida Department of State							
10	OFFICERS AND D	DIRECTORS	- 11.	ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTORS IN 10 -		
TITLE NAME	TD FRASER, RICHARD	☐ Delete	TITLE NAME		☐ Change ☐ Ado	dition	
STREET ADORESS CITY-ST-ZIP	1901 MASON AVE STE 110 DAYTONA BEACH, FL 32117		STREET ADDRESS CITY-ST-ZIP				
TITLE	SD SD	□ Delete	TITLE		☐ Change ☐ Ado	dition	
NAME STREET ADDRESS	THOMPSON, GWENDA 9350 SOUTH FEDERAL HWY		NAME STREET LOOPESS				
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	2	STREET ADDRESS CITY-ST-ZIP				
TITLE	PD THOMPSON MANCY	☐ Delete	TITLE		☐ Change ☐ Add	dition	
STREET ADDRESS	THOMPSON, NANCY 205 E. MAIN ST., #107		STREET ADDRESS	ويسمد والمبار المستدونين الا	این به پاید خان ا مینید و اما پ <u>است</u>	-	
CITY-ST-ZIP	BARTOW, FL 33830	☐ Delete	CITY-ST-ZIP	<u></u>	☐ Change ☐ Adv	ldition	
NAME		☐ Delete	NAME		д ополус 🗀 лог	anon	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change ☐ Adi	dition	
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP			-	
TITLE - NAME	the second secon	Delete	TITLE		☐ Change ☐ Ad	kdition	
STREET ADDRESS CITY-ST-ZIP	Applies in the second	e de la compansión de l	STREET ADDRESS	e e e e e e e e e e e e e e e e e e e	Solve to the second state of the second seco		
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.							
changed	, or on an attachment with an address	, with all other like empowered	1.	;	6/04		