


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 767637</b> 1. Entity Name <b>THE FLORIDA WORKFORCE DEVELOPMENT ASSOCIATION, INC.</b>	
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Principal Place of Business 1901 MASON AVE. STE 110 DAYTONA BEACH, FL 32117 US	Mailing Address 1901 MASON AVE. STE 110 DAYTONA BEACH, FL 32117 US
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**DO NOT WRITE IN THIS SPACE**



01242005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2467722	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  THOMPSON, NANCY 205 E MAIN STREET #107 BARTOW, FL 33830
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRASER, RICHARD 1901 MASON AVE STE 110 DAYTONA BEACH, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMPSON, GWENDA 9350 SOUTH FEDERAL HWY PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, NANCY 205 E. MAIN ST., #107 BARTOW, FL 33830
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01/29/05-80026-015 61.25

**DO NOT WRITE  
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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:** Richard Q. Fraser Richard Fraser 1/24/05 386-274-3850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #