

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767637

FILED  
Apr 11, 2007  
Secretary of State

**Entity Name:** THE FLORIDA WORKFORCE DEVELOPMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

13805 58TH STREET N  
STE 2-140  
CLEARWATER, FL 33760 US

**New Principal Place of Business:**

**Current Mailing Address:**

13805 58TH STREET N  
STE 2-140  
CLEARWATER, FL 33760 US

**New Mailing Address:**

**FEI Number:** 59-2467722

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEACHEY, EDWARD  
13805 58TH STREET N  
STE 2-140  
CLEARWATER, FL 33760 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: PEACHEY, EDWARD  
Address: 13805 58TH STREET N, STE 2-140  
City-St-Zip: CLEARWATER, FL 33760

Title: SD ( ) Delete  
Name: SKINNER, THOMAS  
Address: 3003 SW COLLEGE ROAD, SUITE 205  
City-St-Zip: OCALA, FL 34474

Title: PD ( ) Delete  
Name: JACKSON, MASON  
Address: 3800 INVERRARY BLVD, SUITE 400  
City-St-Zip: LAUDERHILL, FL 33319

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EDWARD C PEACHEY

TD

04/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date