

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90307 044 ****61.25

DOCUMENT # 767637

1. Entity Name

THE FLORIDA WORKFORCE DEVELOPMENT ASSOCIATION, INC.



Principal Place of Business

325 JOHN KNOX RD
F-140
TALLAHASSEE FL 32303
US

Mailing Address

325 JOHN KNOX RD
F-140
TALLAHASSEE FL 32303
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2467722**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent:

EARL, GARY
1801 LEE RD #270
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Thompson, Nancy

Street Address (P.O. Box Number is Not Acceptable)

205 E Main St. #107

City

Bartow, FL 33830

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

Nancy P. Thompson

NANCY P. THOMPSON

8/4/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☒ Delete
NAME **SHOEMAKER, KIM**
STREET ADDRESS **5230 WEST US HWY 98**
CITY-ST-ZIP **PANAMA CITY FL 32-4014**

TITLE **PD** ☒ Delete
NAME **EARL, GARY**
STREET ADDRESS **1801 LEE RD., #270**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **VD** ☐ Delete
NAME **THOMPSON, NANCY**
STREET ADDRESS **205 E. MAIN ST., #107**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **TD** ☒ Delete
NAME **POPE, WYATT**
STREET ADDRESS **325 JOHN KNOX RD BLDG F-140**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Change ☐ Addition
NAME **Fraser, Richard**
STREET ADDRESS **1901 Mason Ave, Ste 110**
CITY-ST-ZIP **Daytona Beach, FL 32117**

TITLE **SD** ☐ Change ☐ Addition
NAME **Thompson, Gwenda**
STREET ADDRESS **9350 South Federal Hwy**
CITY-ST-ZIP **Port St. Lucie, FL 34952**

TITLE **PD** ☒ Change ☐ Addition
NAME **Thompson, Nancy**
STREET ADDRESS **205 E Main St, #107**
CITY-ST-ZIP **Bartow, FL 33830**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE REQUIRED
Nancy P. Thompson

8/4/03

CR2E037 (4/03)