

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769533

(1)

1. Corporation Name

WORKFORCE DEVELOPMENT COUNCIL OF PASCO COUNTY, I NC.

Principal Place of Business

Mailing Address

**8723 PORT RICHEY VILLAGE LOOP
THE TOWNE CENTRE
PORT RICHEY FL 34668**

**8723 PORT RICHEY VILLAGE LOOP
THE TOWNE CENTRE
PORT RICHEY FL 34668**



3. Date Incorporated or Qualified
07/19/1983

3a. Date of Last Report
03/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THORNTON, RONALD G.
6645 RIDGE ROAD SUITE ONE
PORT RICHEY FL 34668**

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME **SD**
MIZE, GERI
STREET ADDRESS **11704 HIGHWAY 301**
CITY-ST-ZIP **DADE CITY FL**

1.2 NAME **VPD**
MIZE, GERI
1.3 STREET ADDRESS **11704 HIGHWAY 301**
1.4 CITY-ST-ZIP **DADE CITY, FL 33525**

TITLE ☒ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME **PD**
KINNARD, CAROL
STREET ADDRESS **P O BOX 0189 N/A**
CITY-ST-ZIP **P. RICHEY FL**

2.2 NAME **TD**
SAVAGE, WALLACE
2.3 STREET ADDRESS **5443 MAIN STREET**
2.4 CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME **VPD**
MINTON BRENDA
STREET ADDRESS **2020 LAND O'LAKES BLVD.**
CITY-ST-ZIP **LUTZ FL**

3.2 NAME **PD**
MINTON, BRENDA
3.3 STREET ADDRESS **2020 LAND O'LAKES BLVD.**
3.4 CITY-ST-ZIP **LUTZ, FL 33549**

TITLE ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME **TD**
REAM, WILLIAM
STREET ADDRESS **5827 13TH AVENUE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

4.2 NAME **SD**
REAM, WILLIAM
4.3 STREET ADDRESS **5827 13TH AVENUE**
4.4 CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Brenda Minton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/94
Date

Daytime Phone #

CR2E037 (12/95)