FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

770101

(4)

SUNCOAST WORKFORCE DEVELOPMENT BOARD, INC.

Principal Place of Business		Mailing Address			a samini samii ambis mhisa samii dashi	1)#1 WIVII BIRII):=** = ***** =	idit Atest idel	
1903 NORTHGATE BLVD. SARASOTA FL 34234		1903 NORTHOATE BLVD. SARASOTA FL 34234-2143 US							
		00				3. Date Incorporated or Qualified 09/02/1983	3a. Date	3/28/19	eport 96
2. Principal Place of Business 2a. Mailing Address 25 P.O. Box 952			·9			4. FEI Number 59-2334811		Applied For Not Applicable	
Suite, Apt. 1		Suite, Apt. #, etc.				5. Certificate of Status Desired	KD	\$8.75 / Fee Re	
City & State Brader	iton, FL	City & State Bradenton, F	L		1	6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added (
Zip 34205	Country USA	3 ⁴ 206-9529	CUSA			8. This corporation has liability for Florida Statutes	intangible ta:		199.032,
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered Ag	ent	
			81	Name					
KRESS, MARY HELEN 1089 LAUREL WOODS DR				Street	Addre	ss (P.O. Box Number is Not Acceptat	ole)		
NOKOM	IS FL 34275		83						
			84	City				85 Zip (Code
dd Duniant	the man in the Section 617 070	0 and C17 1500 Florida Cishita	<u> </u>			ration submits this statement for the p	FL	- asina #	a radiatored
office or re	egistered agent, or both, in the State	of Florida. Such change was au	thorized by	the corp	poratio	n's board of directors. I hereby accep	pt the appoir	itment as	registered
agent. I ar	m familiar with, and accept the obliga	itions of, Section 617.0503, Flori	ida Statutes	3.					
SIGNATURE _	Signature typed or printed name of registered age	and title it and ashle AIOTE	Pagetand Age	ot disease un		when reinstating)	DATE		
12.	OFFICERS AND		13.	ant signature	raquired	ADDITIONS/CHANGES TO OFFICE		IRFCTOR	S IN 12
TITLE	D	☐ DELETE		1.1 TITLE		7.0011101107070111020 10 01110		Change	Addition
NAME	EPPARD, RENEE		1.2 NAME				•••	• • • • • • • • • • • • • • • • • • • •	•••
STREET ADDRESS	2000 WEBBER ST		1.3 STREET	ADDRESS	1				
CITY-S1-ZIP	SARASOTA FL		1.4 CITY-S		ì				
TITLE	D	À DELETE	2.1 TITLE	or - ZIF	D-			Change	Addition
NAME	WILE, ELLEN					bel Scott Norton	_		
STREET ADDRESS	6000 AIRPORT CIRCLE		2.3 STREET	ADDDECC		4 Commerce Place			
1	SARASOTA FL		2.4 CITY-			levast, FL 34270			
CITY-ST-ZIP TITLE	D	X DELETE	3.1 TITLE	51- ZIF	n ·	107430; 12 012,0		Change	X Addition
NAME	BRADLEY, STEVEN	— ,,,	3.2 NAME	1	Mic	hael Marquez	_		
STREET ADDRESS	1133 4TH STREET SUITE 201	7-208	3.3 STREET			2nd Street East	•		
CITY-ST-ZIP	SARASOTA FL		3,4. CITY-			denton, FL 34208			
TITLE		DELETE	4.1 TITLE	J1 44	M	30,100,11		Change	Y Addition
NAME			4. 2 NAME			y Helen Kress		-	74.
STREET ADDRESS			4.3 STREET		100	9 Laurel Woods Dr.			
CHTY-ST-ZIP			4.4 CITY - 5			omis FL 34275			
TITLE		☐ DELETE	5.1 TITLE	- Ln	HYOK	UIII-5, FL 342/5		Change	Addition
NAME			5 2 NAME			Commence of the factor of the	_	•	1
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-S		. .	4	3.11	1	
TIFLE	12.47.	DELETE	6.1 TITLE	. 4.11	† 	<u> </u>	<u> </u>	Change	Addition
NAME			6.2 NAME				-		
STREET ADDRESS				ADDRESS				-	

14. I do 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 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 chapted, or on an attachment with an address.

SIGNATURE

VATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Helen Kress 1-17-97

(941)747-5323

FILED

Feb 03 1997 8:00am

Secretary of State

Daytime Phone # 0063117

CR2E037 (9/96)