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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **770101** (4)

1. Corporation Name

SUNCOAST WORKFORCE DEVELOPMENT BOARD, INC.

Principal Place of Business 1003 8TH AVE W BRADENTON FL 34205 US	Mailing Address P.O. BOX 9529 BRADENTON FL 34206 US
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3. Date Incorporated or Qualified 09/02/1983	
4. FEI Number 59-2334811	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 1750 17th Street 22 Suite, Apt. #, etc. Bldg. J-2 23 City & State Sarasota, FL 24 Zip 34234 25 Country USA	2a. Mailing Address 26 1750 17th Street 27 Suite, Apt. #, etc. Bldg. J-2 28 City & State Sarasota, FL 29 Zip 34234 30 Country USA
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent KRESS, MARY HELEN 1089 LAUREL WOODS DR NOKOMIS FL 34275	10. Name and Address of New Registered Agent <table border="1"><tr><td>81 Name</td></tr><tr><td>82 Street Address (P.O. Box Number is Not Acceptable)</td></tr><tr><td>83</td></tr><tr><td>84 City</td></tr><tr><td>85 Zip Code</td></tr></table>	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
81 Name						
82 Street Address (P.O. Box Number is Not Acceptable)						
83						
84 City						
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPPARD, RENEE	1.2 NAME	
STREET ADDRESS	2000 WEBBER ST	1.3 STREET ADDRESS	100002456671--2
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	-03/13/98--01068--013
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	*****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISABEL SCOTT NORTON	2.2 NAME	
STREET ADDRESS	7524 COMMERCE PL	2.3 STREET ADDRESS	100002456671--2
CITY-ST-ZIP	TALLEVAST FL	2.4 CITY-ST-ZIP	-03/13/98--01068--014
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	*****8.75 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL MARQUEZ	3.2 NAME	Ned B. Wilson, Ph.D.
STREET ADDRESS	208 2ND ST E	3.3 STREET ADDRESS	5250 17th Street
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	Sarasota, FL 34235
TITLE	M <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY HELEN KRESS	4.2 NAME	
STREET ADDRESS	1089 LAUREL WOODS DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: Mary Helen Kress 3/10/98 (941) 952-3444

CR2E037 (10/97)