

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770101

**FILED**  
**Feb 02, 2004**  
**Secretary of State****Entity Name:** SUNCOAST WORKFORCE BOARD, INC.**Current Principal Place of Business:**1750 17TH STREET  
BLDG J-2  
SARASOTA, FL 34234 US**New Principal Place of Business:****Current Mailing Address:**1750 17TH STREET  
BLDG J-2  
SARASOTA, FL 34234 US**New Mailing Address:****FEI Number:** 59-2334811**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**KRESS, MARY HELEN  
1089 LAUREL WOODS DR  
NOKOMIS, FL 34275 US**Name and Address of New Registered Agent:**KRESS, MARY HELEN  
435 BIRD KEY DR  
SARASOTA, FL 34236 US

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: \_\_\_\_\_

02/02/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MURPHY, BRIAN J  
Address: 2003 CORTEZ RD WEST  
City-St-Zip: BRADENTON, FL 34207

Title: D ( ) Delete  
Name: COBB, KATHERINE  
Address: 451 INTERSTATE COURT  
City-St-Zip: SARASOTA, FL 34240 US

Title: D ( ) Delete  
Name: VOLLRATH, DALE  
Address: 5321 FRUITVILLE RD  
City-St-Zip: SARASOTA, FL 34232 US

Title: M ( ) Delete  
Name: MARY HELEN KRESS,  
Address: 1089 LAUREL WOODS DR.  
City-St-Zip: NOKOMIS, FL

Title: D (X) Delete  
Name: BARNHIL, RICHARD  
Address: PO BOX 2579  
City-St-Zip: SARASOTA, FL 34230

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

Title: D (X) Change ( ) Addition  
Name: SMITH, LINDY  
Address: 900 SARASOTA CENTER BLVD  
City-St-Zip: SARASOTA, FL 34240

Title: D (X) Change ( ) Addition  
Name: TAYLOR, JAMES  
Address: 647 OWI WAY  
City-St-Zip: SARASOTA, FL 34236 US

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

Title: M (X) Change ( ) Addition  
Name: KRESS, MARY HELEN  
Address: 435 BIRD KEY DR  
City-St-Zip: SARASOTA, FL 34236

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 Section 119.07(3)(i), 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: MARY HELEN KRESS

M

02/02/2004

Electronic Signature of Signing Officer or Director

Date