

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770428

FILED  
Jan 29, 2008  
Secretary of State

**Entity Name:** WORKFORCE DEVELOPMENT BOARD OF THE TREASURE COAST, INC.

**Current Principal Place of Business:**

584 NW UNIVERSITY BLVD  
SUITE 100  
PORT SAINT LUCIE, FL 34986 US

**New Principal Place of Business:**

**Current Mailing Address:**

584 NW UNIVERSITY BLVD  
SUITE 100  
PORT SAINT LUCIE, FL 34986 US

**New Mailing Address:**

**FEI Number:** 65-0054673      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMPSON, GWENDA  
584 NW UNIVERSITY BLVD  
SUITE 100  
PORT SAINT LUCIE, FL 34986 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FLOWERS, GRACE SISTER  
Address: 1554 SE ROYAL GREEN CIRCLE, UNIT #N-202  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D ( ) Delete  
Name: BOLS, WERNER  
Address: 3477 SW PALM CITY SCHOOLS RD.  
City-St-Zip: PALM CITY, FL 34990

Title: C ( ) Delete  
Name: FRISCHKORN, CAROL  
Address: 1651 BINNEY DRIVE  
City-St-Zip: FORT PIERCE, FL 34949

Title: VC ( ) Delete  
Name: PENTZ, THOMAS  
Address: 1700 SOUTH 23RD ST  
City-St-Zip: FORT PIERCE, FL 34950

Title: T ( ) Delete  
Name: SHEPHERD, PATRICK  
Address: 1443 20TH ST SUITE F  
City-St-Zip: VERO BEACH, FL 32960

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CAROL FRISCHKORN

C

01/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date