

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770428

FILED
Apr 14, 2010
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: C
Name: MCKENZIE, CATHERINE
Address: 3300 OKEECHOBEE ROAD
City-St-Zip: FORT PIERCE, FL 34947 US

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

Title: D
Name: FRISCHKORN, CAROL
Address: 1651 BINNEY DRIVE
City-St-Zip: FORT PIERCE, FL 34949 US

Title: VC
Name: MELNICK, SOMA GAIL
Address: 10045 102ND TERRACE
City-St-Zip: SEBASTIAN, FL 32958 US

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

I hereby 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 all other like empowered.

SIGNATURE: CATHERINE L MCKENZIE

C

04/14/2010

Electronic Signature of Signing Officer or Director

_____ Date