


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90030 017 ****70.00

DOCUMENT # 770826 1. Entity Name WORKFORCE CONNECTION, INC.					
Principal Place of Business 409 NORTHEAST RACETRACK ROAD FORT WALTON BEACH, FL 32547 US			Mailing Address 409 NORTHEAST RACETRACK ROAD FORT WALTON BEACH, FL 32547 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 3091 Suite, Apt. #, etc.			
City & State Zip Country		City & State FORT WALTON BEACH, FL Zip Country 32549 US		4. FEI Number 59-2326926	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent FOUNTAIN, PEGGY 7 SHARILYN SHALIMAR, FL 32579					
7. Name and Address of New Registered Agent Name YOUNGBLOOD, TERRY D. Street Address (P.O. Box Number is Not Acceptable) 227 AJAX DRIVE City FT. WALTON BEACH FL Zip Code 32548					
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Terry Youngblood</i></u> DATE <u>27 Apr 07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALLIN, BARBARA 507 POCAHONTAS DRIVE FORT WALTON BEACH, FL 32547 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	* ALSO, Please See Attached * <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGUEROA, PEDRO P.O. BOX 33429 PENSACOLA, FL 32563 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER EVANS, CAROL 1409 ARIEL LANE FT. WALTON BEACH, FL 32547 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, MICHELE 1500 FREEDOM SELF STORAGE ROAD STE 4 FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIR-ELECT BURNS, MICHELE 1500 FREEDOM SELF STORAGE RD, STE 4 FT. WALTON BEACH, FL 32547 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED FOUNTAIN, PEGGY 7 SHARILYN SHALIMAR, FL 32579 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE DIRECTOR YOUNGBLOOD, TERRY 227 AJAX DRIVE FT. WALTON BEACH, FL 32548 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, LESLIE 5892 JACK STOKES ROAD BAKER, FL 32531 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MANARD, TAMI 1030 TITAN CT. FT. WALTON BEACH, FL 32547 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD MILLER, JAMES R 1077 TROON DRIVE EAST NICEVILLE, FL 32578 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIR MILLER, JAMES R 1077 TROON DRIVE EAST NICEVILLE, FL 32578 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Terry Youngblood</i></u> <u>27 Apr 07</u> <u>833-7587</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT
40095510
WORKFORCE CONNECTION, INC.
BOARD OF DIRECTORS
APRIL 2007

Document #770826

MEMBERS

Lee Wetzell
L3 Crestview Aerospace
5486 Fairchild Road
Crestview, FL 32539

Robin Grobsmith, SPHR
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Eglin AFB, Florida 32542

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Colquett Ins. Associates
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Air Force Enlisted Village
92 Sunset Lane
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