

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90182 023 ****61.25

DOCUMENT # **770826**

1. Entity Name **WORK FORCE CONNECTION INC**
PRIVATE INDUSTRY COUNCIL OF OKALOOSA, SANTA ROSA,
AND WALTON COUNTY CONSORTIUM INC.



Principal Place of Business
1976 LEWIS TURNER BLVD
FT WALTON BCH FL 32547
US

Mailing Address
PO BOX 3091
FT WALTON BCH FL 32547
US

10016078



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2326926**
Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MILLER, SUSAN
418 PRIMROSE CIRCLE
DESTIN FL 32541

7. Name and Address of New Registered Agent
Name **PEGGY FOUNTAIN**
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Peggy Fountain* DATE **1/27/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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 **D** Delete
NAME **FALLIN, BARBARA**
STREET ADDRESS **507 POCAHONTAS DRIVE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **ED** Change Addition
NAME **PEGGY FOUNTAIN**
STREET ADDRESS **801 White Pond Road**
CITY-ST-ZIP **MICVILLE FL 32578**

TITLE **D** Delete
NAME **APLIN, CHARLES**
STREET ADDRESS **120 LOWERY PL**
CITY-ST-ZIP **FT. WALTON BEACH FL**

TITLE **D** Change Addition
NAME **PEDRO FIGUEROA**
STREET ADDRESS **107 TUPELO AVE**
CITY-ST-ZIP **FT. WALTON BCH FL 32548**

TITLE **D** Delete
NAME **BURNS, MICHELE**
STREET ADDRESS **4 LAGUNA STREET 101**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **JACQUELINE** Change Addition
NAME **JONES**
STREET ADDRESS **29 N. EGLIN PKWY**
CITY-ST-ZIP **FT. WALTON BCH FL 32548**

TITLE **OED** Delete
NAME **MILLER, SUSAN**
STREET ADDRESS **418 PRIMROSE CIRCLE**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **D** Change Addition
NAME **PHIL RUSS**
STREET ADDRESS **409 NE RACETRACK RD.**
CITY-ST-ZIP **FT. WALTON BCH FL 32547**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: *Susan Miller* **SIGNATURE REQUIRED** DATE **1/27/03**

CR2E037 (10/02)