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

## DOCUMENT # 770826 1. Entity Name WORK FORCE CONNECTION IN PRIVATE INDUSTRY COUNCIL OF OKALOOSA, SANTA ROSA AND WALTON COUNTY CONSORTHING INC.

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

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

, AND WA	LTON-COUNTY-CONSORTIU	M-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		( 448(1) +88(1) (8	10016078		
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKIN	NG CHANGES	
City & Stat	е	City & State		4. FEI Number 50	9-2326926	Applied For	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Penistered Agent		7. Name and Add	ress of New Registered	<u>'</u>	
. Name and Address of Current Registered Ag		noglatorou ngo	Name /	PEGGY FI			
MILLER, SUSAN		_ ~~~			(P.O. Box Number is Not Acceptable)		
418 PRIMROSE CIRCLE			Street Aut	dress (P.O. box Number is r	Not Acceptable)		
Destin F	FL 32541			,			
			City		F	Zip Code	
	named entity submits this statement fo	or the purpose of changing its r	egistered office or re	registered agent, or both, in	the State of Florida. I an	m familiar with, and accept	
the obligat	Signature, typed of profession of registered agent.	and title if applicable. (NOTE:	Registered Agent signature	e required when reinstating)	//27/0 DATE	3	
		O Floation Com				als Barrabia da	
	FILE NOW: FEE IS \$61.25	Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees		ck Payable to artment of State	
10.	OFFICERS AND DIF	Trust Fund Co	ontribution.	Added to Fees  ADDITIONS/CHANG		DIRECTORS IN 10	
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	* · · · · · · · · · · · · · · · · · · ·	Trust Fund Co	ontribution.	Added to Fees	Florida Depa	ertment of State	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF D FALLIN, BARBARA 507 POCAHONTAS DRIVE FORT WALTON BEACH FL 32547 D	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees  ADDITIONS/CHANG  EQ PEGGY FOUNT 801 White form MICEVILLE FL	Florida Depa ES TO OFFICERS AND D TAIN X RUZJ 325 18	DIRECTORS IN 10	
10. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	OFFICERS AND DIF D FALLIN, BARBARA 507 POCAHONTAS DRIVE FORT WALTON BEACH FL 32547 D APLIN, CHARLES	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees  ADDITIONS/CHANGE  FOR FOUNT  WILLE FL  D  PEDRO FIGURE	Florida Deparente Florida Depa	DIRECTORS IN 10 Change	
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF D FALLIN, BARBARA 507 POCAHONTAS DRIVE FORT WALTON BEACH FL 32547 D APLIN, CHARLES 120 LOWERY PL FT. WALTON BEACH FL	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees  ADDITIONS/CHANGE  FOR FOUNT  801 White form  MICEVILLE FL  D  PEDRO FIGU  107 TUPELE  FT. WALTON	Florida Department of AIN 325 18  EROA AVE BCH FL	DIRECTORS IN 10 Change Addition Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIF  D FALLIN, BARBARA 507 POCAHONTAS DRIVE FORT WALTON BEACH FL 32547  D APLIN, CHARLES 120 LOWERY PL FT. WALTON BEACH FL  D	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	Added to Fees  ADDITIONS/CHANGE  EQ PEGGY FOUNT  YOU WHITE POIN  VICEVILLE FL  D PEDRO FIGU  107 TUPELE  FT. WALTON  SACAUELINE	Florida Department of AIN 32518  EROA AVE BCH FL	DIRECTORS IN 10 Change Addition Change Addition	
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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 attackment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF SIGNATURE

1127/03

H2E037 (10/02)