


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90018 037 \*\*\*\*61.25

<b>DOCUMENT # F06000006230</b>	
1. Entity Name <b>NATIONAL OLDER WORKER CAREER CENTER, INC.</b>	

Principal Place of Business <b>3811 NORTH FAIRFAX DRIVE STE 900 ARLINGTON, VA 22203</b>	Mailing Address <b>3811 NORTH FAIRFAX DRIVE STE 900 ARLINGTON, VA 22203</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**40039214**



03012007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>52-2003078</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee Is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C MERRILL, GREGORY A 3811 NORTH FAIRFAX DRIVE STE 900 ARLINGTON, VA 22203</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PCEO Merrill, Gregory A</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VC LANGLEY, CYNTHIA 601 E ST NW WASHINGTON, DC 20049</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C Langley, Cynthia</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T HAURD, FRANK K 730 COLLEGE DRIVE DALTON, GA 30720</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VCS VC Hurd, Frank K</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S GOEN, JIM 348 CARTER BLVD SEYMOUR, IN 47274</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S+T Alton Resler (last name) 9318 S. View Ct Fairfax Station, VA 22039</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PCEO ANDERSON, LARRY E 3811 NORTH FAIRFAX DRIVE STE 900 ARLINGTON, VA 22203</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D STEARNS, W. JOSEPH 73 MONTERREY ROAD MONTGOMERY, TX 77356</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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:** Cynthia W. Ellet **3.1.07** **703.558.4206**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40039214  
# FD60000006230

**W. Joseph Stearns**

73 Monterrey Road  
Montgomery, TX 77356

Home: 936-597-5860  
Cell: 281-788-6101

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P.O. Box 2937  
Edwards, CO 81632

Txcocouple@earthlink.net  
Home: 970-926-4734

**Teresa M. Holland, Esq.**

Epstein, Becker & Green, P.C.  
250 Park Avenue  
New York, NY 10177

Office: 212-351-4760  
Fax: 212-878-8775  
THolland@ebglaw.com

**Home:**

15 Colony Row  
Chappaqua, NY 10514

Home: 914-244-1608

**General Counsel**

**Peter C. Wolk, Esq.**

Law Office of Peter C. Wolk  
1735 20<sup>th</sup> Street, NW  
Washington, DC 20009

Office: 202-462-4500  
Fax: 202-462-1001  
nonprofitlaw@aol.com

**Home:**

13 Redgate Court  
Silver Spring, MD 20905

Home: 301-879-4936  
Fax: 301-879-6525

**Ex-Officio**

**President & CEO**

**Gregory A. Merrill**

NOWCC  
3811 N. Fairfax Drive, Suite 900  
Arlington, VA 22203

Office: 703-558-4201  
gmerrill@nowcc.org

**Home:**

6601 Landon Lane  
Bethesda, MD 20817

Home: 301-320-1685

# ATTACHMENT

40039214  
# F060000006230

## National Older Worker Career Center Board of Directors & General Counsel 2007

### **Chairman**

#### **Cynthia Langley**

Manager of Volunteer Policies & Ops  
AARP, AI-317  
601 E. St. NW  
Washington, DC 20049

Office: 202-434-3211

Fax: 202-434-6460

[clangley@aarp.org](mailto:clangley@aarp.org)

#### **Home:**

620 A Street, NE  
Washington, DC 20002

Home: 202-546-6344

### **Vice Chair**

#### **Frank K. Hurd**

Vice President  
The Carpet and Rug Institute  
730 College Drive or P.O. Box 2048  
Dalton, GA 30720 or Dalton, GA 30720

Office: 706-428-2136

Cell: 706-271-5576

[fhurd@carpet-rug.com](mailto:fhurd@carpet-rug.com)

#### **Home:**

1626 Comanche Rd.  
Arnold, MD 21012

Home: 410-757-7069

### **Secretary & Treasurer**

#### **Alton Ressler**

Human Resource Office  
HR Officer-NAF  
5800 Putnam Rd.  
Building 320  
Fort Belvoir, VA 22060

Office: 703-704-4875

Fax: 703-704-3065

[alton.ressler@belvoir.army.mil](mailto:alton.ressler@belvoir.army.mil)

#### **Home:**

7318 S. View Ct.  
Fairfax Station, VA 22039

Home: 703-455-4545

### **Jim Goen**

#### **Home Office:**

348 Carter Blvd.  
Seymour, IN 47274

Home: 812-522-7616

[jimkaseyg@aol.com](mailto:jimkaseyg@aol.com)