

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90084 039 ****61.25

14000512



01282004 Chg-NP CR2E037 (10/03)

4. FEI Number **01-0583250** Applied For
Not Applicable

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

DOCUMENT # N01000000033
1. Entity Name
WORKFORCE CENTRAL FLORIDA FOUNDATION, INC.



Principal Place of Business
**1801 LEE RD #270
WINTER PARK, FL 32789**

Mailing Address
**1801 LEE RD #270
WINTER PARK, FL 32789**

2. Principal Place of Business
1097 SAND POND ROAD

3. Mailing Address
333 NORTH FERNCREEK AVENUE

Suite, Apt. #, etc.

City & State
LAKE MARY, FLORIDA

City & State
ORLANDO, FLORIDA

Zip
32746

Country

Zip
32803

Country

6. Name and Address of Current Registered Agent

**KROEMER, JEINNIE
1801 LEE RD #270
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name
FRANK FINKBEINER

Street Address (P.O. Box Number is Not Acceptable)
108 EAST HILLCREST STREET

City
ORLANDO

FL Zip Code
32802

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 **FRANK FINKBEINER**

MARCH 15, 2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

TITLE
DC ☐ Delete
NAME
WRIGHT, DAVID
STREET ADDRESS
630 N WYMORE RD #370
CITY-ST-ZIP
MAITLAND, FL 32751

TITLE
DV ☒ Delete
NAME
EARL, GARY
STREET ADDRESS
1801 LEE RD #270
CITY-ST-ZIP
WINTER PARK, FL 32789

TITLE
DP ☒ Delete
NAME
HILL, DAVID
STREET ADDRESS
490 E SOUTH STREET
CITY-ST-ZIP
ORLANDO, FL 32801

TITLE
DCFO ☒ Delete
NAME
NEECE, BARRY
STREET ADDRESS
1801 LEE RD #270
CITY-ST-ZIP
WINTER PARK, FL 32789

TITLE
☐ Delete
NAME
☐ Delete
STREET ADDRESS
☐ Delete
CITY-ST-ZIP
☐ Delete

TITLE
☐ Delete
NAME
☐ Delete
STREET ADDRESS
☐ Delete
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
VICE CHAIRMAN ☐ Change ☒ Addition
NAME
LARRY STRICKLER
STREET ADDRESS
☐ Change ☒ Addition
CITY-ST-ZIP

TITLE
DIRECTOR ☐ Change ☒ Addition
NAME
JOHN PROVANCE
STREET ADDRESS
☐ Change ☒ Addition
CITY-ST-ZIP

TITLE
DIRECTOR ☐ Change ☒ Addition
NAME
ALEX OGILVIE
STREET ADDRESS
☐ Change ☒ Addition
CITY-ST-ZIP

TITLE
DIRECTOR ☐ Change ☒ Addition
NAME
BEVERLY WINESBURGH
STREET ADDRESS
☐ Change ☒ Addition
CITY-ST-ZIP

TITLE
DIRECTOR ☐ Change ☒ Addition
NAME
MIKE BASS
STREET ADDRESS
☐ Change ☒ Addition
CITY-ST-ZIP

TITLE
☐ Change ☐ Addition
NAME
☐ Change ☐ Addition
STREET ADDRESS
☐ Change ☐ Addition
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #