

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000033

FILED
Jun 30, 2005
Secretary of State

Entity Name: WORKFORCE CENTRAL FLORIDA FOUNDATION, INC.

Current Principal Place of Business:

1097 SAND POND ROAD
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

333 NORTH FERNCREEK AVE.
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 01-0583520 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FINKBEINER, FRANK
108 EAST HILLCREST STREET
ORLANDO, FL 32802 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: WRIGHT, DAVID
Address: 630 N WYMORE RD #370
City-St-Zip: MAITLAND, FL 32751

Title: VC (X) Delete
Name: STRICKLER, LARRY
Address: 1097 SAND POND ROAD
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: PROVANCE, JOHN
Address: 1097 SAND POND ROAD
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: OGILVIE, ALEX
Address: 1097 SAND POND ROAD
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: WINESBURGH, BEVERLY
Address: 1097 SAND POND ROAD
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: BASS, MIKE
Address: 1097 SAND POND ROAD
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID WRIGHT

DC

06/30/2005

Electronic Signature of Signing Officer or Director

Date