2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001027

FILED Jaņ 05, 2<u>00</u>6 Secretary of State

Entity Name: ORLANDO REGIONAL WORKFORCE DEVELOPMENT PARTNERSHIP, INC.

Current Principal Place of Business: New Principal Place of Business:

253 N ORLANDO AVE. SUITE 300 MAITLAND, FL 32751

New Mailing Address: Current Mailing Address:

253 N ORLANDO AVE SUITE 300 MAITLAND, FL 32751

FEI Number: 59-3703119 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KOENIG, JOHN W 253 N ORLANDO AVE SUITE 300 MAITLAND, FL 32751 US

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:

Name:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete BANISTER-HAZAMA, DEB MILLER, MICHAEL Name: 253 N. ORLANDO AVE SUITE 300 Address: 253 N. ORLANDO AVE SUITE 300 Address:

MAITLAND, FL 32751 City-St-Zip: MAITLAND, FL 32751 City-St-Zip:

Title: MR. () Delete Title: MR. (X) Change () Addition

Name: MOJOCK, CHARLES Name: BROWN, STEVEN

Address: 253 N ORLANDO AVE SUITE 300 Address: 253 N ORLANDO AVE SUITE 300

City-St-Zip: ORLANDO, FL 32751 City-St-Zip: ORLANDO, FL 32751

Title: () Delete Title: (X) Change () Addition

PANOUSIS, PETER Name: BRADLEY, NANCY Name: 253 N ORLANDO AVE SUITE 300 253 N ORLANDO AVE SUITE 300 Address: Address:

City-St-Zip: MAITLAND, FL 32751 City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOHN KOENIG **PRES** 01/05/2006