

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90004 038 ****70.00

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1. Entity Name

THE JOURNEY TO WORK INSTITUTE, INC.



Principal Place of Business

5433 WINHAWK WAY
LUTZ, FL 33558

Mailing Address

P.O. BOX 341754
TAMPA, FL 33694

54071227



08272004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

74-3071375

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COREY
GOFFEY, ELIZABETH A
5433 WINHAWK WAY
LUTZ, FL 33558

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IN THIS SPACE**

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

Elizabeth A Corey

Executive Director

8-24-04

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 September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ED
NAME	COREY, ELIZABETH
STREET ADDRESS	5433 WINHAWK WAY
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	D
NAME	BARFIELD, ERNEST
STREET ADDRESS	7405 QUAIL MEADOW RD
CITY-ST-ZIP	PLANT CITY, FL 33565
TITLE	D
NAME	COREY, ELIZABETH
STREET ADDRESS	5433 WINHAWK WAY
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	D
NAME	LAWSON, LAUREN
STREET ADDRESS	11605 GREENSLEEVE AVE
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Elizabeth A Corey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-24-04

Date

813-269-0007

Daytime Phone #