

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008847

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** THE WORKSHOP FOR ADULT VOCATIONAL ENRICHMENT, INC.

**Current Principal Place of Business:**

300 MABRY STREET  
TALLAHASSEE, FL 32316

**New Principal Place of Business:**

2800 W. TENNESSEE ST  
TALLAHASSEE, FL 32316

**Current Mailing Address:**

PO BOX 20044  
TALLAHASSEE, FL 32316

**New Mailing Address:**

**FEI Number:** 54-2094338

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARYANSKI, ROBERT E  
300 MABRY ST.  
TALLAHASSEE, FL 32316 US

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

MARYANSKI, ROBERT E  
2800 W. TENNESSEE ST.  
TALLAHASSEE, FL 32316 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:

02/17/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LOCKENBACH, RICK  
Address: 1012 SUTOR RD  
City-St-Zip: TALLAHASSEE, FL 32311

Title: VPD  
Name: BROWN, DIANE  
Address: 8149 BLUE QUILL TRAIL  
City-St-Zip: TALLAHASSEE, FL 32312

Title: SEC  
Name: MORK, KATHY  
Address: 4101 ARKLOW DR.  
City-St-Zip: TALLAHASSEE, FL 32309

I hereby 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 all other like empowered.

SIGNATURE: ROBERT E. MARYANSKI

ADM

02/17/2010

Electronic Signature of Signing Officer or Director

Date