2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2011
Secretary of State

DOCUMENT# N02000008847

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

Current Principal Place of Business:

2800 W. TENNESSEE ST
TALLAHASSEE, FL 32316

New Principal Place of Business:

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
2800 W. TENNESSEE ST.
TALLAHASSEE, FL 32316 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: SEC
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: PRES
Name: DROZE, VICKY
Address: 224 MERIDIANNA DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: TREA
Name: SCHACK, WILLIAM
Address: 3109 TIPPERARY DR
City-St-Zip: TALLAHASSEE, FL 32312

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 02/23/2011

Electronic Signature of Signing Officer or Director Date