2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007491

FILED Feb 08, 2007 Secretary of State

Entity Name: NORTH CENTRAL FLORIDA JOB READINESS AND PLACEMENT SERVICE, INC.

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

9775 S.W. 40TH TERRACE OCALA, FL 34476 US

Current Mailing Address: New Mailing Address:

9775 S.W. 40TH TERRACE OCALA, FL 34476 US

FEI Number: 80-0075731 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:

COLLISON, ROBIN R 9775 S.W. 40TH TERRACE OCALA, FL 34476 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:

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Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 PEEBLES, JOY
 Name:
 PEEBLES, JOY M.S.

 Address:
 8418 S.W. 202ND AVENUE
 Address:
 8418 S.W. 202ND AVENUE

 City-St-Zip:
 DUNNELLON, FL 34431 US
 City-St-Zip:
 DUNNELLON, FL 34431 US

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

 Name:
 PALMER, NORMAN D
 Name:
 WATSON, BECKY

 Address:
 24439 DOC KARELAS DRIVE
 Address:
 5184 S.E. 27TH STREET

Address: 24439 DOC KARELAS DRIVE Address: 5184 S.E. 27TH STREET City-St-Zip: NEWBERRY, FL 32669 US City-St-Zip: OCALA, FL 34471 US

Title: () Delete Title: (X) Change () Addition ZIMMERMAN, STEPHANIE ZIMMERMAN, STEPHANIE Name: Name: 2611 S.W. 8TH DRIVE Address: Address: 2611 S.W. 8TH DRIVE City-St-Zip: GAINESVILLE, FL 32601 US City-St-Zip: GAINESVILLE, FL 32601 US

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

 Name:
 SUSAN, WILLIAMS

 Address:
 Address:
 3210 N.W. 46TH PLACE

 City-St-Zip:
 City-St-Zip:
 GAINESVILLE, FL 32605 US

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: STEPHANIE ZIMMERMAN T 02/08/2007