

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007491

FILED
Jan 17, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 80-0075731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLISON, ROBIN R
9775 S.W. 40TH TERRACE
OCALA, FL 34476 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: P () Delete
Name: PEEBLES, JOY M.S.
Address: 8418 S.W. 202ND AVENUE
City-St-Zip: DUNNELLON, FL 34431 US

Title: VP () Delete
Name: WATSON, BECKY
Address: 5184 S.E. 27TH STREET
City-St-Zip: OCALA, FL 34471 US

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

Title: S () Delete
Name: SUSAN, WILLIAMS
Address: 3210 N.W. 46TH PLACE
City-St-Zip: GAINESVILLE, FL 32605 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PEEBLES, JOY B.S.
Address: 8418 S.W. 202ND AVENUE
City-St-Zip: DUNNELLON, FL 34431 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

01/17/2009

Electronic Signature of Signing Officer or Director

Date