

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000000623

1. Entity Name
EMPLOYMENT SERVICES FOUNDATION, INC.



Principal Place of Business
901 BARNWELL RD
FERNANDINA BEACH, FL 32034

Mailing Address
P.O BOX 551260
JACKSONVILLE, FL 32255



03162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0873485

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PERRY, MICHAEL
895 BARNWELL RD.
FERNANDINA BEACH, FL 32034

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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

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 May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

UN00000475374
04/05/06-80013-002 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PERRY, MICHAEL
STREET ADDRESS 895 BARNWELL RD.
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE ED
NAME WHIDDON, RUFUS E
STREET ADDRESS 901 BARNWELL RD
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE SD
NAME CURTIS, DEBBIE
STREET ADDRESS 3155 GRASSY PARK DR.
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE TD
NAME WOODFORD, SUSAN
STREET ADDRESS 624 TARPON AVENUE
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

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 exemptions contained 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 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: Rufus E. Whiddon - Rufus E. Whiddon 3/16/06 904-227-1662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #