

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000000860

1. Entity Name
FLORIDA WORKFORCE EDUCATION AND
DEVELOPMENT ASSOCIATION, INC.



05 MAY -2 PM 2:48

NOTARIAL SEAL
TALLAHASSEE, FLORIDA

Principal Place of Business
3494 GARDENVIEW WAY
TALLAHASSEE, FL 32309

Mailing Address
3494 GARDENVIEW WAY
TALLAHASSEE, FL 32309



2. Principal Place of Business

3. Mailing Address

03022005 Chg-NP CR2E037 (10/03) 05

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

87-0717653

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIEFFERS, GARY C
3494 GARDENVIEW WAY
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

300054697693
05/17/05--01092--003 **70.00

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, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME P/D
STREET ADDRESS GARY C. LIEFFERS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME P/D
STREET ADDRESS GARY C. LIEFFERS
CITY-ST-ZIP 3494 GARDENVIEW WAY
TALLAHASSEE, FL 32309

TITLE ☐ Change ☒ Addition
NAME V/S/D
STREET ADDRESS LYNNE M. LIEFFERS
CITY-ST-ZIP 3494 GARDENVIEW WAY
TALLAHASSEE, FL 32309

TITLE ☐ Change ☒ Addition
NAME T/D
STREET ADDRESS ERIC D. PRUTSMAN
CITY-ST-ZIP 5376 PEMBROKE PL.
TALLAHASSEE, FL 32309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY C LIEFFERS

3/24/05

950.264.5139