

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006597

FILED  
Aug 23, 2010  
Secretary of State

**Entity Name:** GREEN COLLAR TASK FORCE JOINT APPRENTICSHIP AND TRAINING COMMITTEE, INC.

**Current Principal Place of Business:**

3855 US HWY 1  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

1003 BELVEDERE ROAD  
WEST PALM BEACH, FL 33405

**New Mailing Address:**

**FEI Number:** 27-0632789

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MIERZWA & ASSOCIATES, P.A.  
3900 WOODLAKE BLVD STE 212  
LAKE WORTH, FL 33463 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: D  
Name: HUDSPETH, ROGER  
Address: 1003 BELVEDERE ROAD  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D  
Name: MITCHELL, SEAN P  
Address: 1001 W 15TH STRET  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D  
Name: WILLIAMS, GARRY  
Address: 13000 NW 47TH AVE  
City-St-Zip: OPA-LOCKA, FL 33054

Title: D  
Name: GRAY, FRANKLIN  
Address: 2840 NW 27TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D  
Name: MAITLAND, TIMOTHY  
Address: 2153 W OAK RIDGE ROAD  
City-St-Zip: ORLANDO, FL 32809

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:** ROGER L. HUDSPETH II

D

08/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date