

FILE NOW: FILING FEE IS \$61.25

FILED  
May 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002630 (9)**  
1. Corporation Name

**FLORIDA WORKFORCE PARTNERS ASSOCIATION, INC.**



Principal Place of Business <b>2505 LIMERICK DR TALLAHASSEE FL 32308</b>	Mailing Address <b>P.O. BOX 10835 TALLAHASSEE FL 32302 US</b>
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3. Date Incorporated or Qualified

**05/16/1996**

4. FEI Number

**59-3383106**

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TROMBETTA, ELAINE S  
2505 LIMERICK DR  
TALLAHASSEE FL 32308**

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE

NAME **GRIMES, KATHY**  
STREET ADDRESS **370 ECHO DRIVE**  
CITY-ST-ZIP **FT. WALTON BEACH FL 32548**

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **Medaline Simpson**  
1.3 STREET ADDRESS **1079-2 Atlantic Blvd.**  
1.4 CITY-ST-ZIP **Atlantic Beach, FL 32233**

TITLE **VPD** ☒ DELETE

NAME **JONES, JONATHAN**  
STREET ADDRESS **P.O. BOX 1599 N/A**  
CITY-ST-ZIP **SEBRING FL 22871**

2.1 TITLE **VPD** ☒ Change ☐ Addition

2.2 NAME **Mortlake Nembhard**  
2.3 STREET ADDRESS **6814 N. 36th Terrace**  
2.4 CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **SD** ☒ DELETE

NAME **STRICKLAND, BETTYE**  
STREET ADDRESS **4040 ESPLANADE WAY, SUITE 200**  
CITY-ST-ZIP **TALLAHASSEE FL 32399**

3.1 TITLE **SD** ☒ Change ☐ Addition

3.2 NAME **Laura Reeves**  
3.3 STREET ADDRESS **1820 Executive Center Drive, Suite 200**  
3.4 CITY-ST-ZIP **Tallahassee, FL 32399-0667**

TITLE **TD** ☐ DELETE

NAME **MCGLOCKTON, BETTYE**  
STREET ADDRESS **1320 EXECUTIVE CENTER DR., ROOM 221**  
CITY-ST-ZIP **TALLAHASSEE FL 32399-0867**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **Bettye McGlockton (Bettye McGlockton)**

**4/29/98**

**(850) 488-9250**

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