


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90064 022 ****61.25

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1. Entity Name
PASCO-HERNANDO JOBS AND EDUCATION PARTNERSHIP REGIONAL BOARD, INC.



Principal Place of Business
**PASCO-HERNANDO JEP REGIONAL BD.
 15588 AVIATION LOOP AVE
 BROOKSVILLE, FL 34604 US**

Mailing Address
**PO BOX 15790
 BROOKSVILLE, FL 34604 US**

50014679



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01252005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-3495908

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
**SLAYMAKER, THOMAS E ESQ.
 2218 HIGHWAY 44 WEST
 INVERNESS, FL 34453**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	C COON, ROXANE <input checked="" type="checkbox"/> Delete 12622 ELGIN BLVD. SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANDERS, DIANA <input checked="" type="checkbox"/> Delete 15006 CORTEZ BLVD. BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLAGHAN, ELIZABETH <input type="checkbox"/> Delete 300 SOUTH MAIN STREET BROOKSVILLE, FL 34605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOMMEL, ED <input type="checkbox"/> Delete 38008 MERIDIAN AVE DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRY, MARK <input type="checkbox"/> Delete 5283 NEFF LAKE RD BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC HOLLOWAY, GREGG <input type="checkbox"/> Delete 10540 RIDGE RD. NEW PORT RICHEY, FL 34654

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR FRANCINE WARD 820 KENNEDY BLVD. BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR EMILE LAURINO 7027 US HWY 19 NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHAIRMAN

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 other like empowered.

SIGNATURE: Lee Emley **LEE EMLEY** 1/25/05 352-797-5781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #