

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N96000003200

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

Current Principal Place of Business:

PASCO-HERNANDO JEP REGIONAL BD.
15588 AVIATION LOOP AVE
BROOKSVILLE, FL 34604 US

New Principal Place of Business:

PO BOX 15790
BROOKSVILLE, FL 34604 US

Current Mailing Address:

PO BOX 15790
BROOKSVILLE, FL 34604 US

New Mailing Address:

FEI Number: 59-3495908 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLAYMAKER, THOMAS E ESQ.
2218 HIGHWAY 44 WEST
INVERNESS, FL 34453 US

Name and Address of New Registered Agent:

TORRENCE, ALFRED W ESQ.
6709 RIDGE ROAD, SUITE 106
PORT RICHEY, FL 34668 US

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: ALFRED W. TORRENCE, JR.

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WARD, FRANCINE
Address: 820 KENNEDY BOULEVARD
City-St-Zip: BROOKSVILLE, FL 34601

Title: D () Delete
Name: LAURINO, EMILE
Address: 7027 UNITED STATES HIGHWAY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: CALLAGHAN, ELIZABETH
Address: 300 SOUTH MAIN STREET
City-St-Zip: BROOKSVILLE, FL 34605

Title: D () Delete
Name: BLOMMEL, ED
Address: 38008 MERIDIAN AVE
City-St-Zip: DADE CITY, FL 33525

Title: D () Delete
Name: BARRY, MARK
Address: 5283 NEFF LAKE RD
City-St-Zip: BROOKSVILLE, FL 34601

Title: D () Delete
Name: O'BERRY, DENISE
Address: 14318 PELHAM LN STE C
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALFRED W. TORRENCE, JR.

RA

04/29/2009

Electronic Signature of Signing Officer or Director

Date