

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jan 30, 2009
Secretary of State

DOCUMENT# N96000003258

Entity Name: CITRUS LEVY MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.**Current Principal Place of Business:**3003 SW COLLEGE ROAD
205
OCALA, FL 34474 US**New Principal Place of Business:****Current Mailing Address:**3003 SW COLLEGE ROAD
205
OCALA, FL 34474 US**New Mailing Address:****FEI Number:** 59-3409057**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**STERMER, ROBERT A
7763 SW HIGHWAY 200
OCALA, FL 34476 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:** C () Delete
Name: WATTLES, BRETT
Address: 1500 NW 3RD ST
City-St-Zip: CRYSTAL RIVER, FL 34428 US**Title:** ST () Delete
Name: COOPER, SHARON
Address: 3001 SW COLLEGE RD
City-St-Zip: OCALA, FL 34474 US**Title:** VC () Delete
Name: REDDISH, PAT
Address: 808 SW 12TH ST.
City-St-Zip: OCALA, FL 34474 US**Title:** D () Delete
Name: MILLER, KATHERINE
Address: 2714 SE 30TH ST
City-St-Zip: OCALA, FL 34478 US**Title:** D () Delete
Name: BISKIE, MICHAEL
Address: 1579 SW 18TH ST
City-St-Zip: WILLISTON, FL 32696 US**Title:** D () Delete
Name: MURPHY, JOHN
Address: 1624 N. MEADOWCREST BLVD
City-St-Zip: CRYSTAL RIVER, FL 34429 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** ST (X) Change () Addition
Name: FLICK, THERESA
Address: 130 HEIGHTS AVENUE
City-St-Zip: INVERNESS, FL 34452 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: TESCH, PETE
Address: 3003 SW COLLEGE RD, STE 105
City-St-Zip: OCALA, FL 34474 US**Title:** PC (X) Change () Addition
Name: BISKIE, MICHAEL
Address: 1579 SW 18TH ST
City-St-Zip: WILLISTON, FL 32696 US**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: BRETT WATTLES

C

01/30/2009

Electronic Signature of Signing Officer or Director

Date