

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003258

FILED
Jan 06, 2012
Secretary of State

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
7480 S W STATE ROAD 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
Name: MILLS, SUZANNE
Address: 707 SW 19TH AVE
City-St-Zip: WILLISTON, FL 32696 US

Title: ST
Name: MORGAN, FRED
Address: 17850 N. US HWY 441
City-St-Zip: REDDICK, FL 32686 US

Title: VC
Name: GODDARD, DARLENE
Address: 5516 SW 1ST LANE
City-St-Zip: OCALA, FL 34474 US

Title: PC
Name: REDDISH, PAT
Address: 808 SW 12TH ST.
City-St-Zip: OCALA, FL 34474 US

Title: D
Name: BISKIE, MICHAEL
Address: 1579 SW 18TH ST
City-St-Zip: WILLISTON, FL 32696 US

Title: D
Name: KNIGHT, DESMOND
Address: PO BOX 9
City-St-Zip: CHIEFLAND, FL 32644 US

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: THOMAS E. SKINNER

CEO

01/06/2012

Electronic Signature of Signing Officer or Director

Date