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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003547 (4)

1. Corporation Name

ESCAROSA REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.



Principal Place of Business

Mailing Address

3300 NORTH PACE BOULEVARD
SUITE 501
PENSACOLA FL 32505

3300 NORTH PACE BOULEVARD
SUITE 501
PENSACOLA FL 32505-5149

3. Date Incorporated or Qualified
07/01/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1000 College Blvd.

26 1000 College Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Building 12, Room 1254

27 Building 12, Room 1254

City & State

City & State

23 Pensacola, FL

28 Pensacola, FL

Zip

Country

Zip

Country

24 32504

25 U.S.

29 32504

30 U.S.

4. FEI Number

59-3390564

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAY, KIEVIT & KELLY, P.A.
15 WEST MAIN STREET
PENSACOLA FL 32501

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 DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE C/D (D) Change Addition
1.2 NAME Denis McKinnon
1.3 STREET ADDRESS 21 E. Garden Street
1.4 CITY-ST-ZIP Pensacola, FL 32501

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE VC/D (D) Change Addition
2.2 NAME Don Salter
2.3 STREET ADDRESS 5120 Dogwood Drive
2.4 CITY-ST-ZIP Milton, FL 32570-4579

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE S/T/D (D) Change Addition
3.2 NAME Danny Kepner
3.3 STREET ADDRESS 226 Palafox Place, 9th Floor
3.4 CITY-ST-ZIP Pensacola, FL 32501

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 do 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/97
Date

(904) 484-1581
Daytime Phone # 0072707

CR2E037 (9/96)