

FILE NOW: FILING FEE IS \$61.25

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**Apr 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003547 (4)

1. Corporation Name
ESCAROSA REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.



Principal Place of Business 1000 COLLEGE BLVD. BLDG. 12. ROOM 1254 PENSACOLA FL 32504 US	Mailing Address 1000 COLLEGE BLVD. BLDG. 12. ROOM 1254 PENSACOLA FL 32504 US
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3. Date Incorporated or Qualified
07/01/1996

4. FEI Number
59-3390564

Applied For
 Applied For
 Not Applicable

2. Principal Place of Business 21 9111 Sturdevant Street Suite, Apt. #, etc.	2a. Mailing Address 26 9111 Sturdevant Street Suite, Apt. #, etc.
City & State 23 Pensacola, Florida	City & State 28 Pensacola, Florida
Zip 24 32514	Country 25 Escambia
Zip 29 32514	Country 30 Escambia

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	Chairman <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINNON, DENIS	1.2 NAME	Salter, Don
STREET ADDRESS	21 E. GARDEN STREET	1.3 STREET ADDRESS	5120 Dogwood Drive
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Milton, FL 32570-4579
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	Vice Chairman <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALTER, DON	2.2 NAME	Gowing, Bob
STREET ADDRESS	5120 DOGWOOD DRIVE	2.3 STREET ADDRESS	1717 N. "E" Street
CITY-ST-ZIP	MILTON FL	2.4 CITY-ST-ZIP	Pensacola, FL 32501
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEPNER, DANNY	3.2 NAME	Kepner, Danny
STREET ADDRESS	226 PALAFOX PLACE, 9TH FLOOR	3.3 STREET ADDRESS	226 Palafox Place, 9th Floor
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	Pensacola, FL 32501
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	600002500524 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-04/27/98--01010--012
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. 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 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 _____ **4-8-98**

CR2E037 (1097)