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Secretary of State

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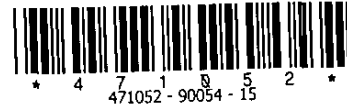
NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003547

1. Corporation Name
ESCAROSA REGIONAL WORKFORCE DEVELOPMENT BOARD, I
NC.



Principal Place of Business
9111 STURDEVANT ST
PENSACOLA FL 32514
US

Mailing Address
9111 STURDEVANT ST
PENSACOLA FL 32514
US



1. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
1	2a	07/01/1996
2. Suite, Apt., #, etc.	2b. Suite, Apt., #, etc.	4. FEI Number
2	27	59-3390564
3. City & State	3. City & State	Applied For
3	28	Not Applicable
4. Zip	4. Zip	5. Certificate of Status Desired
25	29	<input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
30	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

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 Emmanuel Sheppard & Condon, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 30 S. Spring Street 83 84 City Pensacola FL 85 Zip Code 32501

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 A. G. CONDON JR. [Signature] 15 MAR 99
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	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKINNON, DENIS	1.2 NAME	Bob Gowing
STREET ADDRESS	21 E. GARDEN STREET	1.3 STREET ADDRESS	1717 N. "E" Street
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Pensacola, FL 32501
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALTER, DON	2.2 NAME	Don Salter
STREET ADDRESS	5120 DOGWOOD DRIVE	2.3 STREET ADDRESS	5120 Dogwood Drive
CITY-ST-ZIP	MILTON FL	2.4 CITY-ST-ZIP	Milton, FL 32570
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEPNER, DANNY	3.2 NAME	Jerry Burden
STREET ADDRESS	226 PALAFOX PLACE, 9TH FLOOR	3.3 STREET ADDRESS	6650 Highway 90
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	Milton, FL 32570
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Don Salter 3/25/99 (850) 473-0939

CR25037 (4/99)