2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003581

FILED Jan 24, 2007 Secretary of State

Entity Name: WORKFORCE DEVELOPMENT BOARD OF FLAGLER AND VOLUSIA COUNTIES, INC.

Current Principal Place of Business: New Principal Place of Business: 329 BILL FRANCE BLVD DAYTONA BEACH, FL 32114 LIS **Current Mailing Address: New Mailing Address:** 329 BILL FRANCE BLVD DAYTONA BEACH, FL 32114 US FEI Number: 59-3391587 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FRASER, RICHARD 329 BILL FRANCE BLVD DAYTONA BEACH, FL 32114 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PERRYMAN, DAVID Name: Name: 700-A FENTRESS BLVD. Address: Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: Title: () Delete Title: S/D (X) Change () Addition WILLIAMS, REGINALD Name: WILLIAMS, REGINALD Name: Address: 123 W INDIANA AVE RM 100 Address: 210 N. PALMETTO AVENUE City-St-Zip: DELAND, FL 327204615 City-St-Zip: DAYTONA BEACH, FL 32114 Title: VC/D () Delete Title: VC/D (X) Change () Addition HARRIS, R B GILES, BRAD Name: Name: 27 CAMBRIDGE TRACE 1700 SOUTH SEAGRAVE STREET Address: Address: ORMOND BEACH, FL 32714 City-St-Zip: City-St-Zip: SOUTH DAYTONA, FL 32119 Title: () Delete Title: () Change () Addition Name: BRENEMAN, DENISE L Name: 406 QUAY ASSISSI Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169 US City-St-Zip: Title: () Delete Title: CD (X) Change () Addition DAWSON, RICK COLEMAN, BOB Name: Name: 220 FENTRESS BLVD P. O. BOX 2851 Address: Address: DAYTONA BEACH, FL 32120 City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: Title: () Delete Title: (X) Change () Addition BRUMENSCHENKEL, MICHAEL J BRUMENSCHENKEL, MICHAEL J Name: Name: Address: 6001 PARK RIDGE DRIVE Address: 6001 PARK RIDGE DRIVE PORT ORANGE, FL 32127 PORT ORANGE, FL 32127 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BOB COLEMAN CD 01/24/2007