2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# N96000003581

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

Current Principal Place of Business:

329 BILL FRANCE BLVD
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

329 BILL FRANCE BLVD
DAYTONA BEACH, FL 32114 US

New Mailing Address:

FEI Number: 59-3391587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRASER, RICHARD
329 BILL FRANCE BLVD
DAYTONA BEACH, FL 32114 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: D ( ) Delete
Name: PERRYMAN, DAVID
Address: 700-A FENTRESS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: S/D ( ) Delete
Name: WILLIAMS, REGINALD
Address: 210 N. PALMETTO AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VC/D ( ) Delete
Name: GILES, BRAD
Address: 1700 SOUTH SEAGRAVE STREET
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D ( ) Delete
Name: BRENEMAN, DENISE L
Address: 406 QUAY ASSISSI
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: CD ( ) Delete
Name: COLEMAN, BOB
Address: P. O. BOX 2851
City-St-Zip: DAYTONA BEACH, FL 32120

Title: D ( ) Delete
Name: BRUMENSCHENKEL, MICHAEL J
Address: 6001 PARK RIDGE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 01/07/2008

Electronic Signature of Signing Officer or Director — Date