2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003919

FILED Jan 20, 2009 Secretary of State

Entity Name: CHIPOLA REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.

Current Principal Place of Business: New Principal Place of Business: 4636 HIGHWAY 90 EAST SUITE K MARIANNA, FL 32446 **New Mailing Address: Current Mailing Address:** 4636 HIGHWAY 90 EAST SUITE K MARIANNA, FL 32446 US FEI Number: 59-3384516 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: WILLIAMS, RICHARD 4636 HIGHWAY 90 EAST SUITE K MARIANNA, FL 32446 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 (X) Change () Addition CORBIN, ZENNA RUSSELL, RAYMOND Name: Name: 1615 OAKGROVE ROAD Address: 17577 NORTH MAIN STREET Address: City-St-Zip: CHIPLEY, FL 32428 City-St-Zip: BLOUNTSTOWN, FL 32424 Title: VC () Delete Title: (X) Change () Addition RUSSELL, RAYMOND Name: WALL, DARRIN Name: Address: 17577 NORTH MAIN STREET Address: 1195 JACKSON AVENUE City-St-Zip: BLOUNTSTOWN, FL 32424 City-St-Zip: CHIPLEY, FL 32428 Title: () Delete Title: (X) Change () Addition EVERETT, CARETHA COLLINGS, DAVE Name: Name: 2841 HAWK STREET 5100 DEER HAVEN COURT Address: Address: City-St-Zip: MARIANNA, FL 32448 City-St-Zip: MARIANNA, FL 32446 Title: ED () Delete Title: () Change () Addition Name: WILLIAMS, RICHARD Name: 4636 HIGHWAY 90 EAST, SUITE K Address: Address: City-St-Zip: MARIANNA, FL 32446 City-St-Zip: Title: () Delete Title: () Change () Addition MAUPIN, RITA Name: Name: 16908 NE PEAR STREET Address: Address: City-St-Zip: BLOUNTSTOWN, FL 32424 City-St-Zip: Title: () Delete Title: (X) Change () Addition CORBIN, ZENNA JENKINS, TOM Name: Name: Address: 124 ETHERIDGE STREET Address: 1615 OAKGROVE ROAD BONIFAY, FL 32425 CHIPLEY, FL 32428 City-St-Zip: 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: RICHARD WILLIAMS ED 01/20/2009