

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003919

FILED
Jan 05, 2011
Secretary of State

Entity Name: CHIPOLA REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.

Current Principal Place of Business:

4636 HIGHWAY 90 EAST
SUITE K
MARIANNA, FL 32446 US

New Principal Place of Business:

Current Mailing Address:

4636 HIGHWAY 90 EAST
SUITE K
MARIANNA, FL 32446 US

New Mailing Address:

FEI Number: 59-3384516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, RICHARD
4636 HIGHWAY 90 EAST
SUITE K
MARIANNA, FL 32446 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: C
Name: WALL, DARRIN
Address: 1195 JACKSON AVENUE
City-St-Zip: CHIPLEY, FL 32428

Title: VC
Name: RUSSELL, RAYMOND
Address: 17577 NORTH MAIN STREET
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: ST
Name: KOLMETZ, DEBBIE
Address: 1566 HIGHWAY 90
City-St-Zip: PONCE DE LEON, FL 32455

Title: ED
Name: WILLIAMS, RICHARD
Address: 4636 HIGHWAY 90 EAST, SUITE K
City-St-Zip: MARIANNA, FL 32446

Title: D
Name: SUMNER, JANICE
Address: 19821 STATE ROAD 20W
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D
Name: CORBIN, ZENNA
Address: 1615 OAKGROVE ROAD
City-St-Zip: CHIPLEY, FL 32428

I hereby 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 all other like empowered.

SIGNATURE: RICHARD WILLIAMS

ED

01/05/2011

Electronic Signature of Signing Officer or Director

Date