

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004249 (6)**

1. Corporation Name

**PALM BEACH COUNTY WORKFORCE DEVELOPMENT BOARD, I  
NC.**

Principal Place of Business

Mailing Address

**600 S DIXIE HWY  
SUITE 155  
W PALM BCH FL 33401  
US**

**600 S DIXIE HWY  
SUITE 155  
W PALM BCH FL 33401  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified

**08/14/1996**

4. FEI Number

**65-0709274**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PELTON, LARRY L  
1555 PALM BEACH LAKES BOULEVARD  
SUITE 155  
WEST PALM BEACH FL 33401**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

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	DC	<input checked="" type="checkbox"/> DELETE
NAME	<b>DOMINICIS, JORGE</b>	
STREET ADDRESS	<b>1555 PALM BEACH LAKES BOULEVARD, #155</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOWDEN, WILLIAM B</b>	
STREET ADDRESS	<b>1555 PALM BEACH LAKES BOULEVARD, #155</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	<b>EWING, DALE</b>	
STREET ADDRESS	<b>1555 PALM BEACH LAKES BOULEVARD, #155</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	<b>DAVID</b>	
STREET ADDRESS	<b>1555 PALM BCH LAKES BLVD #155</b>	
CITY-ST-ZIP	<b>W PALM BCH FL</b>	
TITLE	DVC	<input checked="" type="checkbox"/> DELETE
NAME	<b>UNRUH, HUGO</b>	
STREET ADDRESS	<b>1555 PALM BEACH LAKES BLVD #155</b>	
CITY-ST-ZIP	<b>W PALM BCH FL</b>	
TITLE	DED	<input type="checkbox"/> DELETE
NAME	<b>MONTGOMERY, KENNETH E</b>	
STREET ADDRESS	<b>600 S DIXIE HWY</b>	
CITY-ST-ZIP	<b>W PALM BCH FL</b>	

1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Unruh, Hugo</b>	
1.3 STREET ADDRESS	<b>105 S. Narcussus Avenue #503</b>	
1.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Luhrsen, Dr. David</b>	
2.3 STREET ADDRESS	<b>7624 Doubleton Drive</b>	
2.4 CITY-ST-ZIP	<b>Delray Beach, FL 33446</b>	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Ewing, Dale</b>	
3.3 STREET ADDRESS	<b>4620 Summit Blvd.</b>	
3.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33415</b>	
4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Davis, Max</b>	
4.3 STREET ADDRESS	<b>1501 Northpoint Parkway, #104</b>	
4.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33407</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



4/24/98

CR2E037 (10/97)