NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DELETE

DOCUMENT # N9600004249

PALM BEACH COUNTY WORKFORCE DEVELOPMENT BOARD, I NC.

Principal Place of Business 600 S DIXIE HWY

SUITE 155

DELETE

W PALM BCH FL 33401

Mailing Address

600 S DIXIE HWY SUITE 155

W PALM BCH FL 33401

FILED Mar 06, 1999 8:00 am § Secretary of State

03-06-1999 90142 033 ****61.25



									·					
2.	Principal Place of Business Blvd	2a.	Mailing Ad	dress			B1vd	3.	Date Incorporated or Qualifed					
21	2051 Martin Luther King Jr	26	26 2051 Martin Luthe		er	r King,Jr		08/14/1996						
- : 1	Suite, Apt. #, etc.		Suite, Apt.	#, etc.			_	4.	FEI Number	L	Applied For			
22		27							65-0709274		Not Applicable			
_ City & State			City & State						Certificate of Status Desired	\$8.75 Additional				
23	Riviera Beach FL	28	Rivier	a Bea	ch	FL		-0,	Certificate of Status Desired.	Fe	e Required			
	Zip Country		Zip		Co	untry		6.	Election Campaign Financing	\$5	.00 May Be			
24	33404 25 PBC	29	33404		30	PBC	3		Trust Fund Contribution	. Ad	ded to Fees			
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent							
	9. Name and Address of Current F	Regis	tered Ager	ıt				10.	Name and Address of New Registered	agent				
	9. Name and Address of Current F	Regis	tered Ager	ıt	<u>.</u>	81	Name			Agent				
		Regis:	tered Ager DELET		<u>.</u>		Chandle:	<u> </u>	R. Finley	Agent	·			
	PELTON, LARRY L	Regis:			<u>.</u>	81	Chandle: Street Address	r I	R. Finley P.O. Box Number is Not Acceptable)	Agent	•			
		Regis:			<u>.</u>	82	Chandle: Street Address	r I	R. Finley	Agent				
	PELTON, LARRY L 1555 PALM BEACH LAKES BOULEVARD SUITE 155	Regis:					Chandle: Street Address Finley	r I ss (F & /	R. Finley P.O. Box Number is Not Acceptable)	0	·			
	PELTON, LARRY L 1555 PALM BEACH LAKES BOULEVARD	Regis				82	Chandle: Street Address Finley (1645 Pa	r l ss (F & 1	R. Finley O. Box Number is Not Acceptable) Associates, P.A. Beach Lakes Blvd., #52	0 85	Zip Code			
	PELTON, LARRY L 1555 PALM BEACH LAKES BOULEVARD SUITE 155		DELET	E.		82 83 84	Chandle: Street Addres Finley 1645 Pa City West Pa	r l ss (F & 1 1m	R. Finley O Box Number is Not Acceptable) Associates, P.A. Beach Lakes Blvd., #52 Beach	0	33401			

agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE			 	equired when reinstativa) DATE	· -	{
	Signature, typed or printed name of registered agent and title if applicable		gistered Agent signature n	ID DIRECTOR	S IN 12	
12.	OFFICERS AND DIRECTORS				Change	Addition
TITLE	DC	X DELETE	1.1 TITLE	DC	XXcuange	
NAME	UNRUH, HUGO		1.2 NAME	LUHRSEN, DR. DAVID		
STREET ADDRESS	105 S NARCUSSUS AVE, #503		1.3 STREET ADDRESS	7624 DOUBLETON DR.		1
CITY+ST-ZIP	WEST PALM BEACH FL 33401		1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33446		
TITLE	VD	☑ DELETE	2.1 TITLE .	AD .	₹Change	Addition
NAME	LUHRSEN, DR DAVID		2.2 NAME	PRUITT, WILLIAM E.		, {
STREET ADDRESS	7624 DOUBLETON DR		2.3 STREET ADDRESS	505 S. FLAGLER DR., #400		
CITY+ST-ZIP	DELRAY BEACH FL 33446		2.4 CITY-ST-ZIP	WEST PALM BEACH; FL 33401 -	··	
TITLE	DS	☑ DELETE	3.1 TITLE	DS	Change	Addition
NAME	EWING, DALE		3,2 NAME	WILLIAMS, JUAN J.	*	}
STREET ADDRESS	4620 SUMMIT BLVD		3.3 STREET ADDRESS	1525-A PROSPERITY FARMS ROAL	D _.	
CITY-ST-ZIP	WEST PALM BEACH FL 33415		3.4. CITY-ST-ZIP	LAKE PARK, FL 33403		
TITLE	DT	☑ DELETE	4.1 TITLE	DT	Change	Addition
NAME	DAVIS, MAX		4. 2 NAME	EWING, DALE		
STREET ADDRESS	1501 NORTHPOINT PKWY, #104		4.3 STREET ADDRESS	4620 SUMMIT BLVD.		
CITY-ST-ZIP	W PALM BCH FL 33407		4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33415		
TITLE	DED	DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME	MONTGOMERY, KENNETH E		5.2 NAME			
STREET ADDRESS	600 S DIXIE HWY		5.3 STREET ADDRESS	, *		
CITY-ST-ZIP	W PALM BCH FL		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME].		
STREET ADDRESS	•		6.3 STREET ADDRESS			ļ
CITY_ST_ZIP			6.4 CITY-ST-ZIP	· ·		

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, with all other like empowered.