

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004755

FILED
Apr 29, 2005
Secretary of State

Entity Name: CENTRAL FLORIDA REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.

Current Principal Place of Business:

1097 SAND POND RD
STE 1009
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

1097 SAND POND RD
STE 1009
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 59-3396497 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

EARL, GARY J
1097 SAND POND ROAD
STE 109
LAKE MARY, FL 32746 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: CD () Delete
Name: ATLEE, MERCER
Address: MICROKEY SYSTEMS INC
City-St-Zip: KISSIMMEE, FL 34744

Title: VCD () Delete
Name: BAUMAN, WILLIAM
Address: WESH TELEVISION
City-St-Zip: WINTER PARK, FL

Title: TD () Delete
Name: HABER, LAWRENCE
Address: LAW OFF OF LAWRENCE HABER PA
City-St-Zip: CELEBRATION, FL 34747

Title: SD () Delete
Name: COLWELL, WILLANNE
Address: ORLANDO REGIONAL HEALTHCARE
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: MILLER, MICHAEL
Address: SOUTH TRUST SECURITIES INC
City-St-Zip: ORLANDO, FL 32751

Title: D () Delete
Name: SIMPSON, JON
Address: PROGRESS ENERGY FLORIDA INC
City-St-Zip: WILDWOOD, FL 34785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: ATLEE, MERCER
Address: MICROKEY SYSTEMS INC
City-St-Zip: KISSIMMEE, FL 34741

Title: VCD (X) Change () Addition
Name: BAUMAN, WILLIAM
Address: WESH TELEVISION
City-St-Zip: WINTER PARK, FL 32789

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

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

Title: D (X) Change () Addition
Name: MILLER, MICHAEL
Address: BRANCH BANKING & TRUST CO.
City-St-Zip: ORLANDO, FL 32801

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALICE J. COBB

COO

04/29/2005

Electronic Signature of Signing Officer or Director

Date