

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004755

FILED  
Feb 24, 2009  
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:

707 MENDHAM BLVD  
SUITE 250  
ORLANOD, FL 32825 US

## Current Mailing Address:

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

## New Mailing Address:

707 MENDHAM BLVD  
SUITE 250  
ORLANOD, FL 32825 US

**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:

EARL, GARY J  
707 MENDHAM BLVD  
SUITE 250  
ORLANDO, FL 32825 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:

02/24/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: WASSERMAN, LENA  
Address: COMMUNITY STATE MORTGAGE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VCD ( ) Delete  
Name: WENTWORTH, OWEN  
Address: OWEN WENTWORTH CONSULTING  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: BOWMAN, DENNY  
Address: FLORIDA BUSINESS INTERIORS  
City-St-Zip: LAKE MARY, FL 32746

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

Title: TD ( ) Delete  
Name: MILLER, MICHAEL  
Address: MERCANTILE BANK  
City-St-Zip: WINTER PARK, FL 32789

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: GARY EARL

CEO

02/24/2009

Electronic Signature of Signing Officer or Director

Date