

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 31, 2004 8:00 am**  
**Secretary of State**

08-31-2004 90001 029 \*\*\*\*70.00

**DOCUMENT # N96000005752**

1. Entity Name  
**SOUTH FLORIDA WORKFORCE BOARD, INC.**



Principal Place of Business  
**MIAMI AIRPORT CORPORATE CENTER  
7300 CORPORATE CENTER DRIVE SUITE 500  
MIAMI, FL 33126-1234**

Mailing Address  
**MIAMI AIRPORT CORPORATE CENTER  
7300 CORPORATE CENTER DRIVE SUITE 500  
MIAMI, FL 33126-1234**

**54070915**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07152004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number **65-0780881**  
**NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIVAK, HARRIET-MS  
3403 N.W. 82ND AVENUE  
SUITE 300  
MIAMI, FL 33122**

Name **Edith Humes-Newbold**  
Street Address (P.O. Box Number is Not Acceptable)  
**7300 Corporate Center Drive (NW 19 Street)  
Suite 500**  
City **Miami** FL Zip Code **33126**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Edith Humes-Newbold* **Edith Humes-Newbold, Executive Director** 7/28/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DC** ☐ Delete  
NAME **IVORY, WILLIE MR**  
STREET ADDRESS **3403 N.W. 82ND AVE, STE 300**  
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE **DC** ☒ Change ☐ Addition  
NAME **Ivory, Willie Mr.**  
STREET ADDRESS **7300 Corporate Center Dr. Suite 500**  
CITY-ST-ZIP **Miami, FL 33126**

TITLE **DVC** ☐ Delete  
NAME **MARX, DONALD**  
STREET ADDRESS **3403 N.W. 82ND AVE, STE 300**  
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE **DVC** ☒ Change ☐ Addition  
NAME **Marx, Donald Mr.**  
STREET ADDRESS **7300 Corporate Center Dr. Suite 500**  
CITY-ST-ZIP **Miami, FL 33126**

TITLE **MVC** ☐ Delete  
NAME **WAITE, BRUCE DR**  
STREET ADDRESS **3403 N.W. 82ND AVE, STE 300**  
CITY-ST-ZIP **MIAMI, FL**

TITLE **MVC** ☒ Change ☐ Addition  
NAME **Waite, Bruce Dr.**  
STREET ADDRESS **7300 Corporate Center Dr. Suite 500**  
CITY-ST-ZIP **Miami, FL 33126**

TITLE **DS** ☒ Delete  
NAME **OZEGOWIGH, MICHAEL**  
STREET ADDRESS **3403 N.W. 82ND AVE, STE 300**  
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE **DS** ☐ Change ☒ Addition  
NAME **Delgado, William Mr.**  
STREET ADDRESS **7300 Corporate Center Dr. Suite 500**  
CITY-ST-ZIP **Miami, FL 33126**

TITLE **DT** ☒ Delete  
NAME **RUTZ, DARRYL**  
STREET ADDRESS **3403 N.W. 82ND AVE, STE 300**  
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE **DT** ☐ Change ☒ Addition  
NAME **San Pedro, Ofelia Ms.**  
STREET ADDRESS **7300 Corporate Center Dr. Suite 500**  
CITY-ST-ZIP **Miami, FL 33126**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Willie Ivory* **Willie Ivory, Chairman** 7/28/04 305-237-6200  
Signature and typed or printed name of signing officer or director Date Daytime Phone #