

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N97000001639 (0)**

1. Corporation Name

**PARTNERSHIP FOR WORKFORCE DEVELOPMENT, INC.**

Principal Place of Business

Mailing Address

**P. O. BOX 10407  
DAYTONA BEACH FL 32120**

**P. O. BOX 10407  
DAYTONA BEACH FL 32120**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**03/18/1997**

4. FEI Number  
**59-3435049**

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

10. Name and Address of New Registered Agent

**ROBINSON, KAREN  
1200 W. INTERNATIONAL SPEEDWAY BLVD.  
DAYTONA BEACH FL 32114**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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

*Karen Robinson*

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/12/98*

12. OFFICERS AND DIRECTORS

|                |   |  |
|----------------|---|--|
| TITLE          | <b>D</b>                                | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>BRUNO, MARY E</b>                    |  |
| STREET ADDRESS | <b>729 LOOMIS AVE</b>                   |  |
| CITY-ST-ZIP    | <b>DAYTONA BEACH FL 32114</b>           |  |
| TITLE          | <b>D</b>                                | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>KIFFER, CHERYL</b>                   |  |
| STREET ADDRESS | <b>855-B ORANGE AVE</b>                 |  |
| CITY-ST-ZIP    | <b>DAYTONA BEACH FL 32114</b>           |  |
| TITLE          | <b>STD</b>                              | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>FASSNACHT, ROBERT</b>                |  |
| STREET ADDRESS | <b>200 LEHIGH ROAD</b>                  |  |
| CITY-ST-ZIP    | <b>FLAGLER BEACH FL 32136</b>           |  |
| TITLE          | <b>PD</b>                               | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>FRISBY, GERALD</b>                   |  |
| STREET ADDRESS | <b>1700 INTERNATIONAL SPEEDWAY BLVD</b> |  |
| CITY-ST-ZIP    | <b>DAYTONA BEACH FL 32114</b>           |  |
| TITLE          | <b>VD</b>                               | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>JAILLET, EXUM</b>                    |  |
| STREET ADDRESS | <b>1380 S WOODLAND BLVD</b>             |  |
| CITY-ST-ZIP    | <b>DAYTONA BEACH FL 32720</b>           |  |
| TITLE          | <b>D</b>                                | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>REIGEL, ISABEL</b>                   |  |
| STREET ADDRESS | <b>702 S RIDGEWOOD AVE</b>              |  |
| CITY-ST-ZIP    | <b>DAYTONA BEACH FL 32114</b>           |  |

|  |                                       |
|--|---------------------------------------|
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                        |                                       |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                       |
| 1.1 TITLE  | <b>D</b>                              |
| 1.2 NAME   | <b>COLEMAN, ROBERT</b>                |
| 1.3 STREET ADDRESS   | <b>P.O. Box 2851 N/A</b>              |
| 1.4 CITY-ST-ZIP  | <b>DAYTONA BEACH, FL 32115-2851</b>   |
| 2.1 TITLE  | <b>D</b>                              |
| 2.2 NAME   | <b>WARNING, WALTER</b>                |
| 2.3 STREET ADDRESS   | <b>489 TURNBULL BAY ROAD</b>          |
| 2.4 CITY-ST-ZIP  | <b>NEW SMYRNA BEACH, FL 32168</b>     |
| 3.1 TITLE  | <b>STD</b>                            |
| 3.2 NAME   | <b>BRUMENSCHENKEL, JOSEPH</b>         |
| 3.3 STREET ADDRESS   | <b>2400 S. RIDGEWOOD AVE., UNIT#1</b> |
| 3.4 CITY-ST-ZIP  | <b>SOUTH DAYTONA, FL 32119</b>        |
| 4.1 TITLE  |                                       |
| 4.2 NAME   |                                       |
| 4.3 STREET ADDRESS   |                                       |
| 4.4 CITY-ST-ZIP  |                                       |
| 5.1 TITLE  |                                       |
| 5.2 NAME   |                                       |
| 5.3 STREET ADDRESS   |                                       |
| 5.4 CITY-ST-ZIP  |                                       |
| 6.1 TITLE  |                                       |
| 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:

*[Signature]*

*1/12/98*

CR2E037 (1097)