

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90058 003 \*\*\*\*61.25

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**DOCUMENT # N97000001639**

1. Corporation Name

**PARTNERSHIP FOR WORKFORCE DEVELOPMENT, INC.**

Principal Place of Business

P. O. BOX 10407  
DAYTONA BEACH FL 32120

Mailing Address

P. O. BOX 10407  
DAYTONA BEACH FL 32120

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City &amp; State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip 29 Country

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 Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME COLEMAN, ROBERT  
STREET ADDRESS P.O. BOX 2851 N/A  
CITY-ST-ZIP DAYTONA BEACH FL 32115TITLE D ☐ DELETE  
NAME WARNING, WALTER  
STREET ADDRESS 489 TURNBULL BAY ROAD  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168TITLE STD ☐ DELETE  
NAME BRUMENSCHENKEL, JOSEPH  
STREET ADDRESS 2400 S RIDGEWOOD AVE., UNIT 1  
CITY-ST-ZIP SOUTH DAYTONA FL 32119TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME WARNING, WALTER  
1.3 STREET ADDRESS 489 Turnbull Bay Road  
1.4 CITY-ST-ZIP New Smyrna Beach, FL 321682.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME FAGAN, LYNNE  
2.3 STREET ADDRESS 1031 S. Beach Street  
2.4 CITY-ST-ZIP Daytona Beach, FL 321173.1 TITLE STD ☒ Change ☐ Addition  
3.2 NAME EMERSON, RICHARD  
3.3 STREET ADDRESS 1020 W. Int'l Spdwy Blvd.  
3.4 CITY-ST-ZIP Daytona Beach, FL 321144.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
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, with all other like empowered.

SIGNATURE:

Walter Warning, Chairman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99

(904) 428-9800

Date

Daytime Phone #

CR2E037 (11/98)