

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000001639

FILED
Apr 11, 2002 8:00 AM
Secretary of State

Entity Name: PARTNERSHIP FOR WORKFORCE DEVELOPMENT, INC.

Current Principal Place of Business:

P. O. BOX 10407
DAYTONA BEACH, FL 32120

New Principal Place of Business:

140 SOUTH BEACH STREET
SUITE 202
DAYTONA BEACH, FL 32114

Current Mailing Address:

P. O. BOX 10407
DAYTONA BEACH, FL 32120

New Mailing Address:

140 SOUTH BEACH STREET
SUITE 202
DAYTONA BEACH, FL 32114

FEI Number: 59-3435049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRABLE-MILES, CINDY
1403 BEACH STREET
STE 304
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

GRABLE-MILES, CINDY
140 BEACH STREET
STE 202
DAYTONA BEACH, FL 32114 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: CINDY GRABLE-MILES

04/11/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: FAGAN, LYNNE
Address: 1031 S BEACH STREET
City-St-Zip: DAYTONA BEACH, FL 32117

Title: D () Delete
Name: FAGAN, LYNNE
Address: 1031 S. BEACH STREET
City-St-Zip: DAYTONA BCH, FL 32117

Title: STD () Delete
Name: FRASER, RICK
Address: 9 AVIATOR WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: FRASER, RICK
Address: 9 AVIATOR WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: LEWIS, WILLIAM
Address: 46 WOODFIELD DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: () Delete
Name:
Address:
City-St-Zip:

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: MR. () Change (X) Addition
Name: WARNING, WALTER
Address: 489 TURNBULL BAY ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: LYNNE FAGAN

C

04/11/2002

Electronic Signature of Signing Officer or Director

Date

MR. TONY WELCH, DIRECTOR
103 WILDER BOULEVARD
DAYTONA BEACH, FLORIDA 32114

MR. DOUG JOHNSON, DIRECTOR
PO BOX 788
DELEON SPRINGS, FL 32130