


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90025 024 ****61.25

DOCUMENT # N97000001639		
1. Entity Name PARTNERSHIP FOR WORKFORCE DEVELOPMENT, INC.		

Principal Place of Business 140 SOUTH BEACH STREET SUITE 202 DAYTONA BEACH, FL 32114	Mailing Address 140 SOUTH BEACH STREET SUITE 202 DAYTONA BEACH, FL 32114
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03102004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3435049	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRABLE-MILES, CINDY 140 BEACH STREET STE 202 DAYTONA BEACH, FL 32114		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 <i>Cindy Grable Miles Executive Director</i>	DATE <i>3/24/04</i>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<i>Ms. Betty Saugh</i>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SLIPOCK, BRUCE			NAME	<i>122 Hickory Lane</i>		
STREET ADDRESS	100 NORTH ATLANTIC AVE.			STREET ADDRESS	<i>Port Orange, FL 32127</i>		
CITY-ST-ZIP	DAYTONA BEACH, FL 32118			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WELCH, TONY			NAME			
STREET ADDRESS	103 WIKLER BLVD.			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH, FL 32114			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LILLY, DENNIS			NAME			
STREET ADDRESS	347 RIDGEWOOD AVE.			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH, FL 32114			CITY-ST-ZIP			
TITLE	VC	<input type="checkbox"/> Delete		TITLE	<i>C</i>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, DOUG			NAME			
STREET ADDRESS	PO BOX 788			STREET ADDRESS			
CITY-ST-ZIP	DE LEON SPRINGS, FL 32130			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEWIS, WILLIAM			NAME			
STREET ADDRESS	46 WOODFIELD DRIVE			STREET ADDRESS			
CITY-ST-ZIP	PALM COAST, FL 32164			CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> Delete		TITLE	<i>VC</i>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARNING, WALTER			NAME			
STREET ADDRESS	489 TURNBULL BAY ROAD			STREET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168			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: <i>William Lewis</i>	DATE: <i>3/24/04</i>	DAYTIME PHONE: <i>(386) 267-0585</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		