

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 08:00 AM
Secretary of State

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**



01312005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3435049 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 *Cindy Grable Miles*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-21-05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUTH, BETTY MS. 122 HICKORY LANE PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELCH, TONY 103 WIKLER BLVD. DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LILLY, DENNIS 347 RIDGEWOOD AVE. DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JOHNSON, DOUG PO BOX 788 DE LEON SPRINGS, FL 32130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEWIS, WILLIAM 46 WOODFIELD DRIVE PALM COAST, FL 32184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WARNING, WALTER 489 TURNBULL BAY ROAD NEW SMYRNA BEACH, FL 32188

U00000247536
03/01/05-80026-008 61.25

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IN THIS SPACE**

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 *Anthony Welch*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-05 (386)267-0509
Date Daytime Phone #