

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91093 027 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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**

7. Name and Address of New Registered Agent

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 *Cindy Grable Miles* **CINDY GRABLE-MILES, Executive Director 3/12/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	C	NAME	FAGAN, LYNNE	STREET ADDRESS	1031 S BEACH STREET	CITY-ST-ZIP	DAYTONA BEACH FL 32117	<input checked="" type="checkbox"/> Delete
TITLE	D	NAME	FAGAN, LYNNE	STREET ADDRESS	1031 S. BEACH STREET	CITY-ST-ZIP	DAYTONA BCH FL 32117	<input checked="" type="checkbox"/> Delete
TITLE	STD	NAME	FRASER, RICK	STREET ADDRESS	9 AVIATOR WAY	CITY-ST-ZIP	ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete
TITLE	D	NAME	FRASER, RICK	STREET ADDRESS	9 AVIATOR WAY	CITY-ST-ZIP	ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete
TITLE	D	NAME	LEWIS, WILLIAM	STREET ADDRESS	46 WOODFIELD DRIVE	CITY-ST-ZIP	PALM COAST FL 32164	<input type="checkbox"/> Delete
TITLE	MR.	NAME	WARNING, WALTER	STREET ADDRESS	489 TURNBULL BAY ROAD	CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		NAME	BOULE SLIPPOK	STREET ADDRESS	100 NORTH ATLANTIC AVE	CITY-ST-ZIP	DAYTONA BEACH, FL 32118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		NAME	Tony Welch	STREET ADDRESS	103 WILKIE BLVD	CITY-ST-ZIP	DAYTONA BEACH, FL 32114	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		NAME	DIRECTOR DENNIS Lilly	STREET ADDRESS	347 RIDGEWOOD AVE	CITY-ST-ZIP	DAYTONA BEACH, FL 32114	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		NAME	DOUG JOHNSON - VICECHAIR	STREET ADDRESS	P.O. Box 788	CITY-ST-ZIP	DELEON SPRINGS, FL 32130-0788	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		NAME	Sec/TREAS WILLIAM LEWIS	STREET ADDRESS	46 WOODFIELD DRIVE	CITY-ST-ZIP	PALM COAST, FL 32164	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME	CHAIRMAN WALTER WARNING	STREET ADDRESS	489 TURNBULL BAY Rd	CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 of 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:

Walter Warning **Walter Warning 3/12/03 396**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

CR2E037 (10/02)