

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90071 042 \*\*\*\*61.25

<b>DOCUMENT # N98000002841</b> 1. Entity Name <b>FLORIDA CROWN WORKFORCE BOARD, INC.</b>					
Principal Place of Business <b>840 S.W. MAIN BLVD., SUITE 102 LAKE CITY, FL 32025</b>			Mailing Address <b>840 S.W. MAIN BLVD., SUITE 102 LAKE CITY, FL 32025</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3531927</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BUSH, ROBERT 840 S.W. MAIN BLVD., SUITE 102 LAKE CITY, FL 32025</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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:				DATE: <b>March 16, 2005</b>	
Filing Fee is \$61.25 Due by May 1, 2005				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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYRE, RALPH 840 S.W. MAIN BLVD., SUITE 102 LAKE CITY, FL 32025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILMORE, ALONZO 840 S.W. MAIN BLVD., SUITE 102 LAKE CITY, FL 32025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Thompson, Larry 840 SW Main Blvd., Suite 102 Lake City, FL 32025	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARBETT, ROBERT 840 S.W. MAIN BLVD., SUITE 102 LAKE CITY, FL 32025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Whitener, Francesca 840 SW Main Blvd., Suite 102 Lake City, FL 32025	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDRIX, EILEEN 840 SW Main Blvd., Suite 102 Lake City, FL 32025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hendrix, Eileen 840 SW Main Blvd., Suite 102 Lake City, FL 32025	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D (Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D (Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
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:					
Ralph Tyre      3/17/05      386-755-9026					