

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90087 046 ****61.25

DOCUMENT # N98000002841

1. Entity Name

FLORIDA CROWN WORKFORCE BOARD, INC.



Principal Place of Business

840 S.W. MAIN BLVD., SUITE 102
LAKE CITY FL 32025

Mailing Address

840 S.W. MAIN BLVD., SUITE 102
LAKE CITY FL 32025

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3531927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSH, ROBERT
840 S.W. MAIN BLVD., SUITE 102
LAKE CITY FL 32025

7. Name and Address of New Registered Agent

Name **CRUZ, BRENDA**

Street Address (P.O. Box Number is Not Acceptable)

840 SW Main Blvd. Ste 102

City

Lake City

FL

Zip Code

32025

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

Brenda Cruz, Quality Control

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

1/17/06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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** ☐ Delete
NAME **TYRE, RALPH**
STREET ADDRESS **840 S.W. MAIN BLVD., SUITE 102**
CITY - ST - ZIP **LAKE CITY FL 32025**

TITLE **VC** ☐ Delete
NAME **THOMPSON, LARRY**
STREET ADDRESS **840 S.W. MAIN BLVD., SUITE 102**
CITY - ST - ZIP **LAKE CITY FL 32025**

TITLE **S** ☒ Delete
NAME **WHITENER, FRANCESCA**
STREET ADDRESS **840 S.W. MAIN BLVD., SUITE 102**
CITY - ST - ZIP **LAKE CITY FL 32025**

TITLE **T** ☒ Delete
NAME **HENDRIX, EILEEN**
STREET ADDRESS **840 SW MAIN BLVD, STE 102**
CITY - ST - ZIP **LAKE CITY FL 32025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Change ☒ Addition
NAME **Jennie Reed**
STREET ADDRESS **840 SW Main Blvd, Ste. 102**
CITY - ST - ZIP **Lake City, FL 32024**

TITLE **S** ☒ Change ☐ Addition
NAME **Hendrix Eileen**
STREET ADDRESS **840 SW Main Blvd, Ste. 102**
CITY - ST - ZIP **Lake City, FL 32025**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

John Chastain

John Chastain, Director 1/18/06 386-755-9026