

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90216 012 ****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**

60001511



01032007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name **Jones, Robert**

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

840 SW Main Blvd., Suite 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

Robert Jones

Robert Jones

1/4/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **C** ☐ Change ☒ Addition
NAME **Thompson, Larry**
STREET ADDRESS **840 SW 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 **VC** ☐ Change ☒ Addition
NAME **Philmore, Alonzo**
STREET ADDRESS **840 SW Main Blvd., Suite 102**
CITY-ST-ZIP **Lake City, FL 32025**

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

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

TITLE **T** ☐ Delete
NAME **REED, JENNIE**
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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 Chapter 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:

Larry Thompson

LARRY THOMPSON

1/9/07

366-454-7257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #