


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90018 046 ****61.25

DOCUMENT # N98000002841	
1. Entity Name FLORIDA CROWN WORKFORCE BOARD, INC.	

Principal Place of Business 1389 US HIGHWAY 90 WEST, SUITE 170-B LAKE CITY, FL 32055	Mailing Address 1389 US HIGHWAY 90 WEST, SUITE 170-B LAKE CITY, FL 32055
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DO NOT WRITE IN THIS SPACE



02072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3531927	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JONES, ROBERT 1389 US HIGHWAY 90 WEST, SUITE 170-B LAKE CITY, FL 32055	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: <u>Robert Jones</u>	<u>Robert Jones</u>	<u>2/21/08</u>
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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C THOMPSON, LARRY 1389 US HIGHWAY 90 WEST, SUITE 170-B LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC PHILMORE, ALONZO 1389 US HIGHWAY 90 WEST, SUITE 170-B LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENDRIX, EILEEN 1389 US HIGHWAY 90 WEST, SUITE 170-B LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REED, JENNIE 1389 US HIGHWAY 90 WEST, SUITE 170-B LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.			
SIGNATURE: <u>Larry Thompson</u>	<u>2/21/08</u>	<u>386-454-1359</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #	