2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002841

FILED
Jan 07, 2009
Secretary of State

Entity Name: FLORIDA CROWN WORKFORCE BOARD, INC.

Current Principal Place of Business:

1389 US HIGHWAY 90 WEST, SUITE 170-B
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

1389 US HIGHWAY 90 WEST, SUITE 170-B
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 59-3531927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, ROBERT
1389 US HIGHWAY 90 WEST, SUITE 170-B
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: THOMPSON, LARRY
Address: 1389 US HIGHWAY 90 WEST, SUITE 170-B
City-St-Zip: LAKE CITY, FL 32055

Title: VC ( ) Delete
Name: PHILMORE, ALONZO
Address: 1389 US HIGHWAY 90 WEST, SUITE 170-B
City-St-Zip: LAKE CITY, FL 32055

Title: S ( ) Delete
Name: HENDRIX, EILEEN
Address: 1389 US HIGHWAY 90 WEST, SUITE 170-B
City-St-Zip: LAKE CITY, FL 32055

Title: T ( ) Delete
Name: REED, JENNIE
Address: 1389 US HIGHWAY 90 WEST, SUITE 170-B
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: HUDSON, JEFF
Address: 1389 US HIGHWAY 90 WEST, SUITE 170-B
City-St-Zip: LAKE CITY, FL 32055

Title: T (X) Change ( ) Addition
Name: MCELROY, MICHAEL
Address: 1389 US HIGHWAY 90 WEST, SUITE 170-B
City-St-Zip: LAKE CITY, FL 32055

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY THOMPSON CH. 01/07/2009
Electronic Signature of Signing Officer or Director Date