2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005
Secretary of State

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Entity Name: EMPLOYMENT COALITION OF FLORIDA, INC.

Current Principal Place of Business:

P.O. BOX 100043
FORT LAUDERDALE, FL 33310

New Principal Place of Business:

1007 WEST COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33310

Current Mailing Address:

P.O. BOX 100043
FORT LAUDERDALE, FL 33310

New Mailing Address:

FEI Number: 65-0866330 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HELLER, RICHARD D
110 S.E. 6TH STREET
15TH FLOOR
FORT LAUDERDALE, FL 33301 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:	D	( ) Delete
Name:	CLARK, DOROTHY	
Address:	PO BOX 100043	
City-St-Zip:	FORT LAUDERDALE, FL 33310	
Title:	D	( ) Delete
Name:	JOHNSON, JAMES	
Address:	PO BOX 100043	
City-St-Zip:	FORT LAUDERDALE, FL 33310	
Title:	D	( ) Delete
Name:	GILMORE, DOLORES	
Address:	P.O. BOX 100043	
City-St-Zip:	FORT LAUDERDALE, FL 33310	
Title:	D	( ) Delete
Name:	MARTIN, JIM	
Address:	P.O. BOX 100043	
City-St-Zip:	FORT LAUDERDALE, FL 33310	
Title:	P	( ) Delete
Name:	MERRILL, LINDA	
Address:	P.O. BOX 100043	
City-St-Zip:	FORT LAUDERDALE, FL 33310	
Title:	S	( ) Delete
Name:	CELSELKA, CATHERINE	
Address:	PO BOX 100043	
City-St-Zip:	FORT LAUDERDALE, FL 33310	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	SELLS, KATHLEEN	
Address:	P.O. BOX 100043	
City-St-Zip:	FORT LAUDERDALE, FL 33310	
Title:	VP	(X) Change ( ) Addition
Name:	COLVIN, KATHERINE	
Address:	P.O. BOX 100043	
City-St-Zip:	FORT LAUDERDALE, FL 33310	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHERINE A. COLVIN VP 03/14/2005

Electronic Signature of Signing Officer or Director — Date