

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004429

FILED
Jan 14, 2008
Secretary of State

Entity Name: NORTH FLORIDA WORKFORCE DEVELOPMENT BOARD, INC.

Current Principal Place of Business:

309 S.W. RANGE AVE.
MADISON, FL 32340 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 267
MADISON, FL 323410267 US

New Mailing Address:

309 S.W. RANGE AVENUE
MADISON, FL 323410267 US

FEI Number: 59-3652684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REHBERG, SHERYL N
309 S.W. RANGE AVE.
MADISON, FL 32340 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: REICHMAN, MICHAEL
Address: 380 N. JEFFERSON
City-St-Zip: MONTICELLO, FL 323440041

Title: D () Delete
Name: JAMES, CHERYL DR.
Address: U.S. 90
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: CORDERO, JEFF REV.
Address: 1505 E. BASE STREET
City-St-Zip: MADISON, FL 32340

Title: C () Delete
Name: MILLER, JOYCE C
Address: 7656 US HWY 129 S
City-St-Zip: JASPER, FL 32052

Title: D (X) Delete
Name: OLSON, KEN
Address: 3233 US HWY 19 S
City-St-Zip: PERRY, FL 32347

Title: D (X) Delete
Name: WHITAKER, DOUG
Address: 901 N JEFFERSON ST
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: KOVARY, PAUL E
Address: 1780 N. JEFFERSON ST.
City-St-Zip: MONTICELLO, FL 32344

Title: D (X) Change () Addition
Name: DAY, EVELYN
Address: 1800 S.BYRON BUTLER PKWY (K-MART)
City-St-Zip: PERRY, FL 32348

Title: D (X) Change () Addition
Name: HOWELL, COY
Address: 109 N.E. TUXEDO
City-St-Zip: LIVE OAK, FL 32064

Title: D (X) Change () Addition
Name: MILLER, JOYCE C
Address: 7656 US HWY 129 S
City-St-Zip: JASPER, FL 32052

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 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: SHERYL N. REHBERG

RA

01/14/2008

Electronic Signature of Signing Officer or Director

Date