

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004429

FILED  
Jan 16, 2009  
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:**

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

**New Mailing Address:**

**FEI Number:** 59-3652684

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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: C ( ) Delete  
Name: KOVARY, PAUL E  
Address: 1780 N. JEFFERSON ST.  
City-St-Zip: MONTICELLO, FL 32344

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: WILLIAM W. HOWARD

FD

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date