

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002841

Entity Name: FLORIDA CROWN WORKFORCE BOARD, INC.**Current Principal Place of Business:**1389 US HIGHWAY 90 WEST, SUITE 170-B
LAKE CITY, FL 32055**Current Mailing Address:**1389 US HIGHWAY 90 WEST, SUITE 170-B
LAKE CITY, FL 32055**FEI Number:** 59-3531927**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONES, ROBERT
1389 US HIGHWAY 90 WEST, SUITE 170-B
LAKE CITY, FL 32055 US*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**Officer/Director Detail :**

Title	C
Name	SAMPSON, C. TODD
Address	1389 US HIGHWAY 90 WEST, SUITE 170-B
City-State-Zip:	LAKE CITY FL 32055

Title	VC
Name	WALKER, NOAH
Address	1389 US HIGHWAY 90 WEST, SUITE 170-B
City-State-Zip:	LAKE CITY FL 32055

Title	S
Name	FORD, TIA
Address	1389 US HIGHWAY 90 WEST, SUITE 170-B
City-State-Zip:	LAKE CITY FL 32055

Title	DIRECTOR
Name	THOMPSON, LARRY
Address	1389 US HIGHWAY 90 WEST, SUITE 170-B
City-State-Zip:	LAKE CITY FL 32055

I hereby 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 all other like empowered.

SIGNATURE: C. TODD SAMPSON

CHAIR

01/04/2017

Electronic Signature of Signing Officer/Director Detail_____
Date