

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002515

Entity Name: AMERICA'S WORKING CLASS FOUNDATION INC.**Current Principal Place of Business:**8600 SHARON LANE
PENSACOLA, FL 32534**Current Mailing Address:**8600 SHARON LANE
PENSACOLA, FL 32534**FEI Number:** 82-0540113**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBERT W. RASCH, PA
201 LIVE OAK LANE
ALTAMONTE, SPRINGS, FL 32714 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 | DCEO |
| Name | JAFFEE, CABOT I |
| Address | 1057 MAITLAND CENTER COMMONS |
| City-State-Zip: | MAITLAND FL 32751 |

| | |
|-----------------|---|
| Title | DVP |
| Name | CONNOR III, RODDY |
| Address | 2701 MAITLAND CENTER PARKWAY,STE.300 |
| City-State-Zip: | MAITLAND FL 32751 |

| | |
|-----------------|--------------------|
| Title | DVP |
| Name | WOODWARD, HARRY I |
| Address | 8528 SUNSPRITE CT. |
| City-State-Zip: | ORLANDO FL 32751 |

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|-----------------|---------------------------|
| Title | DT |
| Name | RASCH, ROBERT W |
| Address | 201 LIVE OAK LN |
| City-State-Zip: | ALTAMONTE SPRING FL 32714 |

| | |
|-----------------|-------------------|
| Title | DP |
| Name | GRADY, JOHN F JR |
| Address | 304 SULTANA, LN. |
| City-State-Zip: | MAITLAND FL 32751 |

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: JOHN F. GRADY JR.**PRESIDENT****07/01/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date