

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000007176

Entity Name: WORK FOR AMERICA, INC.**Current Principal Place of Business:**4809 ALHAMBRA CIR
CORAL GABLES, FL 33146**Current Mailing Address:**4809 ALHAMBRA CIR
CORAL GABLES, FL 33146 US**FEI Number:** 47-4500319**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHITEHURST, THOMAS
4809 ALHAMBRA CIR
CORAL GABLES, FL 33146 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	CEO
Name	WHITEHURST, THOMAS
Address	4809 ALHAMBRA CIR
City-State-Zip:	CORAL GABLES FL 33146

Title	CFO
Name	LAWRENCE, DEBORAH
Address	1865 NW 107 TERRACE
City-State-Zip:	PLANTATION FL 33322

Title	D
Name	YOUNG, MARY
Address	5250 UNIVERSITY DR
City-State-Zip:	CORAL GABLES FL 33146

Title	D
Name	PARTIN, MARY
Address	1535 JOHNSON ST
City-State-Zip:	HOLLYWOOD FL 33020

Title	D
Name	ALESSANDRI, MICHAEL
Address	5665 PONCE DE LEON BLVD
City-State-Zip:	CORAL GABLES FL 33146

Title	DIRECTOR
Name	PASTRANA, DENNIS
Address	520 BRICKELL KEY DRIVE
City-State-Zip:	MIAMI FL 33131

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: DEBORAH LAWRENCE**CFO****03/13/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date