

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000010627

**Entity Name:** EASTERN NATIVE AMERICAN WORKFORCE ASSOCIATION, INC.**FILED**  
**Jan 29, 2021**  
**Secretary of State**  
**5746940009CC****Current Principal Place of Business:**625 N. ADAMS STREET  
TALLAHASSEE, FL 32301**Current Mailing Address:**625 N. ADAMS STREET  
TALLAHASSEE, FL 32301**FEI Number: 81-4384125****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KATHY, ATKINS  
625 N. ADAMS STREET  
TALLAHASSEE, FL 32301 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: KATHY ATKINS****01/29/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title CHAIRMAN  
Name WALDRON, DARRELL  
Address 807 BROAD ST  
City-State-Zip: PROVIDENCE RI 02907Title DIRECTOR  
Name LOCKLEAR, RODRICK  
Address PO BOX 68 PROSPECT ROAD  
City-State-Zip: PEMBROKE NC 28372Title VC  
Name ATKINS, KATHY  
Address 625 N. ADAMS STREET  
City-State-Zip: TALLAHASSEE FL 32301Title TREASURER  
Name WALDRON, DARRELL  
Address 807 BROAD ST  
City-State-Zip: PROVIDENCE RI 02907Title OFFICER  
Name RICHARDSON, ANNE  
Address 5036 INDIAN NECK ROAD  
City-State-Zip: INDIAN NECK VA 23148

*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: DARRELL WALDRON****CHAIRMAN****01/29/2021**

Electronic Signature of Signing Officer/Director Detail

Date