FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 731694

FRIENDS OF HAPPY WORKERS, INC.

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90043 035 ****61.25

						4			
Principal Place of Business Mailing Address									
920 19TH ST. S. ST. PETERSBURG FLORIDA 33712 920 19TH ST. S. ST. PETERSBURG FLORIDA 33712 ST. PETERSBURG FLORIDA			33712						
Principal Place of Business 2a. Mailing Address						3. Date Incorporated or Qualifed			
21 26						01/22/1975			
Suite, Apt.	#, etc.	⊢	Suite, Apt. #, etc.			4. FEI Number	Applied For		
22		27			59-0751908	Not Applicable \$8.75 Additional			
City & State City & State						5. Certifcate of Status Desired		¥8.73 A Fee Re	
23	28	Country							
Zip	Country	Zip				6. Election Campaign Financing \$5.00 May Be			
2-7			<u> </u>			Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent			
	9. Name and Address of Current	Registered Agent		81 N	Name	10. Name and Address of New	Registered	-Gent	
I				" '	tante		4	•	
DUCKETT	, GREGORY					eet Address (P.O. Box Number is Not Acceptable)			
1500 ALHAMBRA WAY S									
	RSBURG FL 33705			83					
				84 (City	****		85 Zip (Code
					·		, FL	1	
. office or a	to the provisions of Sections 617.0502 registered agent, or both, in the State o am familiar with, and accept the obligati	of Florida. Such change was auti	nonzed	i by the	e corporation	's board of directors. Thereby acc	BDL I'UB ADDON	iuneiil as ic	uistereu
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered	Agent sk	gnature required	when reinstating)	DATE		
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.			ADDITIONS/CHANGES TO O	FFICERS AN	D DIRECTO	RS IN 12
TITLE	FVP	☐ DELETE	1.1 Til	TLE				Change	Addition
NAME	IRBY, KENNETH		1.2·NA	WE.					
STREET ADDRESS			1.3 ST	REET AD	ORESS	A STATE OF THE STA			
	ST PETERSBURG FL 33712		14.00	TY-ST-Z	ip	•			
CITY-ST-ZIP	TD	☐ DELETE	2.1 TI		<u>" </u>			Change	☐ Addition
		_	2.2 NA						
NAME	HAGBURG, GORDON REV			REET AD	INDESS				
STREET ADDRESS	1			TY-ST-Z					
CITY-ST-ZIP	ST PETERSBURG FL	☐ DELETE	3.1 TIT					Change	Addition
TITLE	PD PHOYETT OPEOODY	ULLLIL	3.2 NA				•	_ •	_
NAME	DUCKETT, GREGORY		1		vonece				
STREET ADDRESS				REETAL	ì				
CITY-ST-ZIP	ST PETERSBURG FL		3.4. C	TY-ST-Z	SP			☐ Change	Addition
TITLE	ED	□ DELETE	44 70						
NAME		☐ DELETE	4.1 TO		İ				
,	IRVING, VIRGINIA	☐ DELETE	4. 2 N	AME				, ja 1415	* * * * * * * * * * * * * * * * * * * *
STREET ADORESS	2600 10TH STREET S.	☐ DELETE	4. 2 N 4.3 ST	AME TREET AC		19 (18 m) 1 (18 m)			ing same
STREET ADORESS CITY-ST-ZIP	1		4. 2 N 4.3 ST 4.4 Cf	AME TREET AC				Channe	Addition
STREET ADDRESS	2600 10TH STREET S.	☐ DELETE	4. 2 N 4.3 ST 4.4 CF 5.1 TF	AME TREET AC TY-ST-Z TLE				☐ Change	☐ Addition
STREET ADDRESS	2600 10TH STREET S.		4.2 N 4.3 ST 4.4 Cr 5.1 TF 5.2 N	AME TREET ACT TY-ST-Z TLE AME	IP .			☐ Change	☐ Addition
STREET ADORESS CITY-ST-ZIP TITLE	ST PETERSBURG FL		4. 2 N 4.3 ST 4.4 CF 5.1 TF 5.2 N 5.3 ST	AME TY-ST-Z TLE AME TREET AL	DDRESS			☐ Change	☐ Addition
STREET ADORESS CITY-ST-ZIP TITLE NAME	ST PETERSBURG FL	☐ DELETE	4. 2 N. 4.3 ST 4.4 CF 5.1 TF 5.2 N. 5.3 ST 5.4 CF	AME TY-ST-Z TLE AME TREET AC	DDRESS				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ST PETERSBURG FL		4.2 N 4.3 ST 4.4 CF 5.1 TF 5.2 N 5.3 ST 5.4 CF 6.1 TF	AME TREET ACTY-ST-Z TLE AME TREET ACTY-ST-Z TLE	DDRESS			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PETERSBURG FL	☐ DELETE	4. 2 N. 4.3 ST 4.4 CF 5.1 TF 5.2 N. 5.3 ST 5.4 CF	AME TREET ACTY-ST-Z TLE AME TREET ACTY-ST-Z TLE	DDRESS				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	2600 10TH STREET S. ST PETERSBURG FL	☐ DELETE	4.2 N 4.3 ST 4.4 CF 5.1 TF 5.2 N 5.3 ST 5.4 CF 6.1 TF 6.2 N	AME TREET ACTY-ST-Z TLE AME TREET ACTY-ST-Z TLE	IP DDRESS IP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in .

Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: