

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 731694**

1. Entity Name  
FRIENDS OF HAPPY WORKERS, INC.



Principal Place of Business  
920 19TH ST. S.  
SAINT PETERSBURG, FL 33712

Mailing Address  
920 19TH ST. S.  
SAINT PETERSBURG, FL 33712



01272004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-0751908

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MCRAE, DON  
6634 30TH STREET SOUTH  
SAINT PETERSBURG, FL 33712

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
HAGBURG, GORDON REV  
1237 BRIGHTWATERS BLVD NE  
ST PETERSBURG, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
DUCKETT, GREGORY  
1500 ALHAMBRA WAY S  
ST PETERSBURG, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ED  
IRVING, VIRGINIA  
2600 10TH STREET S.  
ST PETERSBURG, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
FVP  
STEWART, PATRICIA  
2378 GRANADA CIRCE SOUTH  
SAINT PETERSBURG, FL 33712

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000039683

02/09/04-80014-033 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Don McRae*

February 3, 2004 (727) 894-