

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90968 047 ****61.25

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MCRAE, DON 6634 30TH STREET SOUTH SAINT PETERSBURG, FL 33712				7. Name and Address of New Registered Agent Name Lawanda Walker Street Address (P.O. Box Number is Not Acceptable) 1620 25th Avenue, South St. Petersburg City FL Zip Code 33712	
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 <u>Lawanda Walker</u> 4/29/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HAGBURG, GORDON REV 1237 BRIGHTWATERS BLVD NE ST PETERSBURG, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Duckett, Gregory 1500 Alhambra Way, South St. Petersburg, Florida 33705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DUCKETT, GREGORY 1500 ALHAMBRA WAY S ST PETERSBURG, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Lawanda Walker 1620 25th Avenue, South St. Petersburg, Florida 33712 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED IRVING, VIRGINIA 2800 10TH STREET S. ST PETERSBURG, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FVP STEWART, PATRICIA 2378 GRANADA CIRCE SOUTH SAINT PETERSBURG, FL 33712 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Dr. Virginia B. Irving / Dr. Virginia B. Irving</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/29/05 (727) 894-5337 <small>Date Daytime Phone #</small>		