

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90138 041 ****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**

40000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02232007 Chg-NP CR2E037 (12/06)

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

**KRUG, THOMAS F
6827 MEADOWLAWN DR NORTH
SAINT PETERSBURG, FL 33702**

7. Name and Address of New Registered Agent

Name **Gregory Duckett**
Street Address (P.O. Box Number is Not Acceptable)
1500 Alhambra Way So.
City **St. Petersburg FL** Zip Code **33705**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete
NAME **DUCKETT, GREGORY**
STREET ADDRESS **1500 ALHAMBRA WAY SOUTH**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33705**

TITLE **PD** ☐ Delete
NAME **KRUG, THOMAS F**
STREET ADDRESS **6827 MEADOWLAWN DR NORTH**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33702**

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

TITLE **FVP** ☐ Delete
NAME **TREBY, BRIAN**
STREET ADDRESS **617 25TH AVE NORTH**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33704**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Change ☐ Addition
NAME **Dr. Joseph Ordonez**
STREET ADDRESS **7450 Bayshore Dr. #1001-B**
CITY-ST-ZIP **Treasure Island, FL 33706**

TITLE **PD** ☒ Change ☐ Addition
NAME **Gregory Duckett**
STREET ADDRESS **1500 Alhambra Way So.**
CITY-ST-ZIP **St. Petersburg, FL 33705**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **FVP** ☒ Change ☐ Addition
NAME **Dr. Mildred Reed-Reelford**
STREET ADDRESS **1315 30th Avenue South**
CITY-ST-ZIP **St. Petersburg, FL 33705**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Dr. Virginia B. ...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 26, 2007 (727) 894-5337
Date Daytime Phone #