



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90025 038 ****70.00

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40102610 	
City & State Zip		City & State Zip		4. FEI Number 59-0751908	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		6. Name and Address of Current Registered Agent DUCKETT, GREGORY 1500 ALHAMBRA WAY SO. SAINT PETERSBURG, FL 33705		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>G. Gregory E. Duckett</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4-16-2008 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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 ORDONEZ, JOSEPH DR. 7650 BAYSHORE DR. #1001-B TREASURE ISLAND, FL 33706	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DUCKETT, GREGORY 1500 ALHAMBRA WAY SAINT PETERSBURG FL 33705	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUCKETT, GREGORY 1500 ALHAMBRA WAY SO. SAINT PETERSBURG, FL 33705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DR JOSEPH ORDONEZ 7650 BAYSHORE DR #1001-B TREASURE ISLAND FL 33706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED IRVING, VIRGINIA 2600 10TH STREET S. ST PETERSBURG, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE DIRECTOR JARMAN ESPERANCE 2822 54th AVENUE SOUTH #229 ST PETERSBURG FL 33712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REED-RELIFORD, MILDRED DR. 1315 22ND AVENUE SOUTH SAINT PETERSBURG, FL 33705	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Education Director Brenda Bowen #155 6244 35th ST. S. ST PETERSBURG FL 33712	<input type="checkbox"/> Change <input checked="" 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 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: <i>Jarmen Esperance</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 4/16/2008 <small>Date Daytime Phone #</small>	