

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000005657

FILED
Jun 05, 2008
Secretary of State

Entity Name: WAL-MART WORKER'S ASSOCIATION, INC.

Current Principal Place of Business:

1024 ELYSIAN FIELDS AVENUE
NEW ORLEANS, LA 70117

New Principal Place of Business:

2609 CANAL STREET
3RD FLOOR-LEGAL
NEW ORLEANS, LA 70119

Current Mailing Address:

1024 ELYSIAN FIELDS AVENUE
NEW ORLEANS, LA 70117

New Mailing Address:

2609 CANAL STREET
3RD FLOOR-LEGAL
NEW ORLEANS, LA 70119

FEI Number: 20-2639711 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

NATIONAL REGISTERED AGENTS, INC.
2731 EXECUTIVE PARK DR. #4
WESTON, FL 33331 US

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.

SIGNATURE: ANGELA GAWLINSK

06/05/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PIERCE, TAMECKA
Address: 6537 CHANTRY ST.
City-St-Zip: ORLANDO, FL 32825

Title: VD () Delete
Name: FOWLKES, TONI
Address: 6525 S. PAULINA
City-St-Zip: CHICAGO, IL 60636

Title: STD () Delete
Name: EDMOND, MILDRED
Address: 2048 W. 67TH PLACE
City-St-Zip: CHICAGO, IL 60636

Title: AT () Delete
Name: PHARR, DONNA
Address: 1024 ELYSIAN FIELDS AVENUE
City-St-Zip: NEW ORLEANS, LA 70117

Title: AT (X) Delete
Name: GODDARD, BETH
Address: 1024 ELYSIAN FIELDS AVENUE
City-St-Zip: NEW ORLEANS, LA 70117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AT (X) Change () Addition
Name: JONES, MICHAEL
Address: 2609 CANAL STREET-3RD FLOOR
City-St-Zip: NEW ORLEANS, LA 70119

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL JONES

AT

06/05/2008

Electronic Signature of Signing Officer or Director

Date