

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006270

FILED
Apr 13, 2008
Secretary of State

Entity Name: FLORIDA'S WORKING FAMILIES, INC.

Current Principal Place of Business:

610 SOUTH BLVD
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

610 SOUTH BLVD
TAMPA, FL 33606

New Mailing Address:

FEI Number: 22-3864624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FENNER, NOREEN A
200 WEST COLLEGE AVENUE
SUITE 311B
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HALE, ROBERT M
Address: 3579 MOSSY CREEK LANE
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: PARK, REBECCA A
Address: 4031-B CATAWBA
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: CARPENTER, CARL
Address: 4305 E. KNIGHTS GRIFFIN ROAD
City-St-Zip: PLANT CITY, FL 33565

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:

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: ROBERT M. HALE

PD

04/13/2008

Electronic Signature of Signing Officer or Director

Date