

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006270

FILED  
Apr 30, 2010  
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:**

FENNER, NOREEN A  
115 EAST PARK AVE  
SUITE 1  
TALLAHASSEE, FL 32301 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: NOREEN A. FENNER

04/30/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: D  
Name: FEAGLE, SEBRENA  
Address: 1649 HARBOR COURT  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 all other like empowered.

SIGNATURE: ROBERT M. HALE

PD

04/30/2010

Electronic Signature of Signing Officer or Director

Date