

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006914

FILED
Aug 26, 2009
Secretary of State

Entity Name: FIT FOR WORK, INC.

Current Principal Place of Business:

6011 NATIVE WOODS DR
TAMPA, FL 33625

New Principal Place of Business:

Current Mailing Address:

6011 NATIVE WOODS DR
TAMPA, FL 33625

New Mailing Address:

FEI Number: 20-0240982 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:

FAIRCLOTH, SANDRA R
6011 NATIVE WOODS DR
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

FAIRCLOTH, ALTON L
6011 NATIVE WOODS DR
TAMPA, FL 33625 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: ALTON L. FAIRCLOTH

08/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FAIRCLOTH, SANDRA R
Address: 6011 NATIVE WOODS DR
City-St-Zip: TAMPA, FL 33625

Title: SEC () Delete
Name: FAIRCLOTH, ALTON L
Address: 6011 NATIVE WOODS DR
City-St-Zip: TAMPA, FL 33625

Title: DIR () Delete
Name: VALENTA, MARSHA
Address: 6446 CYPRESS RALE D2
City-St-Zip: RIVERVIEW, FL 33567

Title: DIR () Delete
Name: GILLES, VALERIE
Address: 8501 N. 50TH ST. #1409
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FAIRCLOTH, ALTON L
Address: 6011 NATIVE WOODS DR
City-St-Zip: TAMPA, FL 33625

Title: SEC (X) Change () Addition
Name: WRIGHT, ERNEST
Address: 6011 NATIVE WOODS DR
City-St-Zip: TAMPA, FL 33625

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: ALTON L. FAIRCLOTH

P

08/26/2009

Electronic Signature of Signing Officer or Director

Date