

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000003381

1. Entity Name
GOVERNMENT WORKERS FIGHTBACK ASSOCIATION,
INC.



Principal Place of Business
9639 N. ARMENIA AV.
TAMPA, FL 33612

Mailing Address
9639 N. ARMENIA AV.
TAMPA, FL 33612

DO NOT WRITE IN THIS SPACE



03272007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

02-0741118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPORICE, NELSON
1506 EAST MARTIN LUTHER KING BLVD
TAMPA, FL 33603

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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

3-29-07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HACKNEY, WILLIAM L JR.
STREET ADDRESS 14808 LAKE MAGDALENE CIR
CITY-ST-ZIP TAMPA, FL 33613

TITLE VP
NAME PEREZ, VIVIAN L
STREET ADDRESS 3603 MALOA WAY
CITY-ST-ZIP TAMPA, FL 33614

TITLE VP
NAME PEREZ, LENIN V
STREET ADDRESS 3603 MALOA WAY
CITY-ST-ZIP TAMPA, FL 33614

TITLE VP
NAME HACKNEY, BETTY B
STREET ADDRESS 14808 LAKE MAGDALENE CIR
CITY-ST-ZIP TAMPA, FL 33613

TITLE VP
NAME SORIA- PRADO, DENISE F
STREET ADDRESS 9639 N. ARMENIA AV
CITY-ST-ZIP TAMPA, FL 33612

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000687064
04/10/07-80025-013 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 29 2007

Date

Daytime Phone #