

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 A
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



04072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0741118	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000860281
04/22/08-20032-010 61.25

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	

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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: *William Hackney* **William Hackney**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-07-2008