

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003381

FILED  
Mar 10, 2009  
Secretary of State

**Entity Name:** GOVERNMENT WORKERS FIGHTBACK ASSOCIATION, INC.

**Current Principal Place of Business:**

9639 N. ARMENIA AV.  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

9639 N. ARMENIA AV.  
TAMPA, FL 33612

**New Mailing Address:**

**FEI Number:** 02-0741118

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAPORICE, NELSON  
1506 EAST MARTIN LUTHER KING BLVD  
TAMPA, FL 33603 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: P ( ) Delete  
Name: HACKNEY, WILLIAM L JR.  
Address: 14808 LAKE MAGDALENE CIR  
City-St-Zip: TAMPA, FL 33613

Title: VP ( ) Delete  
Name: PEREZ, VIVIAN L  
Address: 3603 MALOA WAY  
City-St-Zip: TAMPA, FL 33614

Title: VP ( ) Delete  
Name: PEREZ, LENIN V  
Address: 3603 MALOA WAY  
City-St-Zip: TAMPA, FL 33614

Title: VP ( ) Delete  
Name: HACKNEY, BETTY B  
Address: 14808 LAKE MAGDALENE CIR  
City-St-Zip: TAMPA, FL 33613

Title: VP ( ) Delete  
Name: SORIA- PRADO, DENISE F  
Address: 9639 N. ARMENIA AV  
City-St-Zip: TAMPA, FL 33612

**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:

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: WILLIAM HACKNEY

P

03/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date