

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000003551

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** THE SUSTAINABLE WORKPLACE ALLIANCE, INC.

**Current Principal Place of Business:**

8350 MCCOY ROAD  
FORT MEADE, FL 33841

**New Principal Place of Business:**

4844 SE SHADY RIDGE LANE  
STUART, FL 34997

**Current Mailing Address:**

8350 MCCOY ROAD  
FORT MEADE, FL 33841

**New Mailing Address:**

4844 SE SHADY RIDGE LANE  
STUART, FL 34997

**FEI Number:** 27-2302712

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIVERA, SUSAN  
4844 SE SHADY RIDGE LANE  
STUART, FL 34997 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: D  
Name: RIVERA, SUSAN  
Address: 4844 SE SHADY RIDGE LANE  
City-St-Zip: STUART, FL 34997

Title: T  
Name: SANCHEZ, WALTER  
Address: 1716 SAWGRASS CIRCLE  
City-St-Zip: GREENACRES, FL 33413

Title: S  
Name: CASAVANT, DAVID  
Address: 8350 MCCOY ROAD  
City-St-Zip: FORT MEADE, FL 33841

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:** SUSAN RIVERA

D

04/13/2011

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

\_\_\_\_\_  
Date