

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28014

(1)

1. Corporation Name

ASSOCIATION OF WORKING PEOPLE, INC.



Principal Place of Business

~~810 E MEADOWLAND DR.
STE E
NAPLES FL 33963
US~~

Mailing Address

~~810 E MEADOWLAND DR. STE E
NAPLES FL 33963
US~~

3. Date Incorporated or Qualified
08/23/1988

3a. Date of Last Report
03/29/1995

2. Principal Place of Business

21 5254 MYRTLEWOOD

2a. Mailing Address

26 SAME

4. FEI Number
59-2906730

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Sarasota, Florida

28

Zip
24 34235

Country

25 USA

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, KEITH

~~140 CONNERS AVE
NAPLES FL 33963~~

81 Name
Keith A. Johnson

82 Street Address (P.O. Box Number is Not Acceptable)
5254 Myrtlewood

83 Sarasota, Fl. 34235

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed in printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME ANONICH, SHELLOY

STREET ADDRESS ~~810 E MEADOWLAND DRIVE~~

CITY - ST - ZIP ~~NAPLES FL~~

1.1 TITLE P.D.

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

SHELLOY Anonich

5254 Myrtlewood

Sarasota, Fl. 34235

☒ Change ☐ Addition

TITLE VD ☒ DELETE

NAME JOHNSON, KEITH

STREET ADDRESS ~~810 E MEADOWLAND DR~~

CITY - ST - ZIP ~~NAPLES FL~~

2.1 TITLE V.D.

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Keith Johnson

5254 Myrtlewood

Sarasota, Fl. 34235

☒ Change ☐ Addition

TITLE D ☒ DELETE

NAME JOHNSON, MADALYN

STREET ADDRESS ~~810 E MEADOWLAND DR.~~

CITY - ST - ZIP ~~NAPLES FL~~

3.1 TITLE D.

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Hanah Annonich

5254 Myrtlewood

Sarasota, Fl. 34235

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Hanah Annonich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 800-253-6838
Date Daytime Phone #

CR2E037 (12/95)