

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28014

FILED
Apr 26, 2008
Secretary of State

Entity Name: ASSOCIATION OF WORKING PEOPLE, INC.

Current Principal Place of Business:

1630 TRIPOLI
NORTH PORT, FL 34286 US

New Principal Place of Business:

Current Mailing Address:

1630 TRIPOLI
NORTH PORT, FL 34286 US

New Mailing Address:

FEI Number: 59-2906730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, KEITH
1630 TRIPOLI ST.
NORTH PORT, FL 34286 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: PD () Delete
Name: ANONICH, SHELLOY
Address: 1630 TRIPOLI ST.
City-St-Zip: NORTH PORT, FL 34286

Title: VD () Delete
Name: JOHNSON, KEITH
Address: 1630 TRIPOLI ST
City-St-Zip: NORTH PORT, FL 34286

Title: D () Delete
Name: ANNONIC, HANNAH
Address: 8215 62ND STREE COURT EAST
City-St-Zip: SARASOTA, FL 34243

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:

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: KEITH A JOHNSON

VD

04/26/2008

Electronic Signature of Signing Officer or Director

Date