

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90195 043 *****61.25

DOCUMENT # N28014

1. Entity Name

ASSOCIATION OF WORKING PEOPLE, INC.



Principal Place of Business

~~8215 62ND CT E
STE 1801
SARASOTA FL 34232
US~~

Mailing Address

~~8215 62ND CT E
STE 1801
SARASOTA FL 34232
US~~

2. Principal Place of Business

1630 TRIPOLI ST
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

NORTH PORT FL

City & State

NORTH PORT FL

Zip

Country

34286

Zip

Country

34286

4. FEI Number **59-2906730**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, KEITH

~~8215 62ND STREET COURT E
STE 1801
SARASOTA FL 34243~~

Name

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

1630 TRIPOLI ST

City

NORTH PORT

FL

Zip Code

34286

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **ANONICH, SHELLOY**
STREET ADDRESS **8215 62ND ST COURT EAST**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **VD** ☒ Delete
NAME **JOHNSON, KEITH**
STREET ADDRESS **8215 62ND STREET COURT EAST**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **D** ☒ Delete
NAME **ANNONIC, HANNAH**
STREET ADDRESS **8215 62ND STREET COURT EAST**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **SHELLOY ANONICH**
STREET ADDRESS **1630 TRIPOLI ST**
CITY-ST-ZIP **NORTH PORT, FL 34286**

TITLE **VD** ☒ Change ☐ Addition
NAME **KEITH A JOHNSON**
STREET ADDRESS **1630 TRIPOLI ST**
CITY-ST-ZIP **NORTH PORT, FL 34286**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **SHELLOY ANONICH (SHELLOY ANONICH) # 25-03 944-423-7570**

CR2E037 (10/02)