




# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90017 024 \*\*\*\*61.25

<b>DOCUMENT # N96000002211</b> 1. Entity Name <b>CHARITY WORKS, INC.</b>					
Principal Place of Business <b>635 COURT STREET</b> <b>130</b> <b>CLEARWATER, FL 33756 US</b>			Mailing Address <b>635 COURT STREET</b> <b>130</b> <b>CLEARWATER, FL 33756 US</b>		
2. Principal Place of Business - No P.O. Box # <b>635 Court Street</b> Suite, Apt. #, etc. <b>Suite 130</b>		3. Mailing Address <b>635 Court Street</b> Suite, Apt. #, etc. <b>Suite 130</b>			
City & State <b>Clearwater, FL</b>		City & State <b>Clearwater, FL</b>		4. FEI Number <b>59-3384413</b>	
Zip <b>33756</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RENFROW, CHRIS R</b> <b>22 WINSTON DR</b> <b>BELLEAIR, FL 33756</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>RENFROW, CHRIS R</b> <b>22 WINSTON DR</b> <b>BELLEAIR, FL 33756</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>Hague, Carol A.</b> <b>24 Bishop Creek</b> <b>Safety Harbor, FL 34695</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>RENFROW, JEANETTE G</b> <b>22 WINSTON DR</b> <b>BELLEAIR, FL 33756</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ROBINSON, MARY G</b> <b>416 BELL ISLE AVE</b> <b>BELLEAIR BEACH, FL 33786</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC <b>COLLEGE, LORI A</b> <b>2880 CHELSEA PLACE NORTH</b> <b>CLEARWATER, FL 33759</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC <b>College, Lori A.</b> <b>307 Bellrose Drive</b> <b>Cary, NC 27513</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <b>RICE, EVERETT S</b> <b>12504 LAGOON AVE.</b> <b>TREASURE ISLAND, FL 33706</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <b>Rice, Everett S.</b> <b>1205 81 Street South</b> <b>St. Petersburg, FL 33707</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <b>KINDT, MICHAEL D</b> <b>5912 CACHETTE DE RIVIERA CT</b> <b>NEW PORT RICHEY, FL 34655</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> 			<b>Chris R. Renfrow</b>		<b>4/11/08</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<b>727-447-2064</b> <small>Daytime Phone #</small>