2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# N96000002211

Entity Name: CHARITY WORKS, INC.

Current Principal Place of Business:

635 COURT STREET
STE. 130
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

635 COURT STREET
STE. 130
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 59-3384413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RENFROW, CHRIS R
22 WINSTON DR
BELLEAIR, FL 33756 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:	DP	( ) Delete
Name:	RENFROW, CHRIS R	
Address:	22 WINSTON DR	
City-St-Zip:	BELLEAIR, FL 33756	
Title:	D	( ) Delete
Name:	RENFROW, JEANETTE G	
Address:	22 WINSTON DR	
City-St-Zip:	BELLEAIR, FL 33756	
Title:	DS	( ) Delete
Name:	HAGUE, CAROL A	
Address:	24 BISHOP CREEK	
City-St-Zip:	SAFETY HARBOR, FL 34695	
Title:	DC	( ) Delete
Name:	COLLEGE, LORI A	
Address:	307 BELLROSE DRIVE	
City-St-Zip:	CARY, NC 27513	
Title:	DV	( ) Delete
Name:	RICE, EVERETT S	
Address:	1205 81 STREET SOUTH	
City-St-Zip:	SAINT PETERSBURG, FL 33707	
Title:	DT	( ) Delete
Name:	KINDT, MICHAEL D	
Address:	5912 CACHETTE DE RIVIERA CT	
City-St-Zip:	NEW PORT RICHEY, FL 34655	

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:	
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: CHRIS R RENFROW DP 03/19/2009
Electronic Signature of Signing Officer or Director — Date