

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

FILED
 09-16-2002 90104 021 ****70.00
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 9600005715

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

980828

DO NOT WRITE IN THIS SPACE

DOCUMENT # **N96000005715**
 1. Entry Name
WORK AMERICA, INCORPORATED

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2. Principal Place of Business 3050 Biscayne Blvd.		3. Mailing Address 3050 Biscayne Blvd.	
Suite, Apt. #, etc. Suite 501		Suite, Apt. #, etc. Suite 501	
City & State Miami, FL		City & State Miami, FL	
Zip 33137	Country USA	Zip 33137	Country USA

4. FEI Number 65-0730047	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name Herbert J. Coleman
Street Address (P.O. Box Number is Not Acceptable) 700 NE 26th Terrace
#1208
City Miami FL 33137

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.

SIGNATURE _____
Signature holder or officer of the corporation registered agent and fee if applicable (NOTE: Registered Agent signature required when renewing) DATE

FEE IS: \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE C/D	NAME Kirk Wesley	TITLE D	NAME Audrey Coleman
STREET ADDRESS PO Box 894	STREET ADDRESS 1515 W 207th Ter.	STREET ADDRESS Little Rock, AR 72202	
CITY-ST-ZIP Archmore, OK 73402	CITY-ST-ZIP Little Rock, AR 72202		
TITLE VC/D	NAME Denise Strahm	TITLE	NAME
STREET ADDRESS 12333 Southridge Dr.	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP Little Rock, AR 72212	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE P/D	NAME Herbert J Coleman	TITLE	NAME
STREET ADDRESS 700 NE 26th Terrace #1203	STREET ADDRESS Miami, FL 33137	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP Miami, FL 33137	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE S/T/D	NAME Sylvester Jackson	TITLE	NAME
STREET ADDRESS 4851 NW 21st Street	STREET ADDRESS Lauderhill, FL 33313	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP Lauderhill, FL 33313	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE D	NAME Edwin Norwood	TITLE	NAME
STREET ADDRESS 714 Brookridge Dr.	STREET ADDRESS Tallahassee, FL 32305	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP Tallahassee, FL 32305	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE D	NAME Bridgette Williams	TITLE	NAME
STREET ADDRESS 2106 Scott Street	STREET ADDRESS Little Rock, AR 72208	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP Little Rock, AR 72208	CITY-ST-ZIP	CITY-ST-ZIP	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 trustee or trustor empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or in an attachment with an address, with or without a telephone number.

SIGNATURE: *Herbert J. Coleman* **9-9-02** **305-576-3333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER

CR2E0378 (1/2011)