

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 23, 2004 8:00 am
Secretary of State

04-28-2004 90288 014 ****70.00

DOCUMENT # N96000005715



1. Entity Name
WORK AMERICA, INCORPORATED

Principal Place of Business
3050 BISCAYNE BLVD
SUITE 501
MIAMI, FL 33137 US

Mailing Address
3050 BISCAYNE BLVD
SUITE 501
MIAMI, FL 33137 US

66434054



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07082004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0730047

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLEMAN, HERBERT J
700 NE 26TH TERRACE
#1208
MIAMI, FL 33137

Name

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

City

FL

Zip Code

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

Filing Fee is \$61.25
Due by September 8, 2004

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 CD ☒ Delete
NAME KIRK, WESLEY
STREET ADDRESS PO BOX 894
CITY-ST-ZIP ARCHMORE, OK 73402

TITLE VCD ☐ Delete
NAME STRAHAM, DENISE
STREET ADDRESS 12333 SOUTHRIDGE DR
CITY-ST-ZIP LITTLE ROCK, AR 72212

TITLE PD ☐ Delete
NAME COLEMAN, HERBERT J
STREET ADDRESS 700 NE 26TH TERRACE #1203
CITY-ST-ZIP MIAMI, FL 33137

TITLE STD ☐ Delete
NAME JACKSON, SYLVESTER
STREET ADDRESS 4851 NW 21ST STREET
CITY-ST-ZIP LAUDERHILL, FL 33313

TITLE D ☐ Delete
NAME NORWOOD, EDWIN
STREET ADDRESS 714 BROOKRIDGE DR.
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE D ☐ Delete
NAME WILLIAMS, BRIDGETTE
STREET ADDRESS 2106 SCOTT STREET
CITY-ST-ZIP LITTLE ROCK, AR 72208

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD ☒ Change ☐ Addition
NAME Denise Straham
STREET ADDRESS 12333 Southridge Dr
CITY-ST-ZIP Little Rock, AR 72212

TITLE TD ☒ Change ☐ Addition
NAME Sylvester Jackson
STREET ADDRESS 4851 NW 21st Street
CITY-ST-ZIP Lauderhill, FL 33313

TITLE SD ☐ Change ☒ Addition
NAME Daniel Vincent
STREET ADDRESS 6911 Lake Willow Dr.
CITY-ST-ZIP New Orleans, LA 70126

TITLE D ☐ Change ☒ Addition
NAME Daniel Fil's Aime
STREET ADDRESS 8340 NE 2nd Ave #222
CITY-ST-ZIP Miami, FL 33138

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-23-04



Attachment
664340B4

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

May 5, 2004

WORK AMERICA, INCORPORATED
3050 BISCAYNE BLVD
SUITE 501
MIAMI, FL 33137 US

Subject: **WORK AMERICA, INCORPORATED**

Reference Number: **N96000005715**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/AS

ANNUAL REPORTS SECTION

