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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001496

1. Corporation Name

POWER IN THE WORKPLACE, INC.

Principal Place of Business

1218 SEMINOLE DR
INDIAN HARBOUR BEACH FL 32937-4123

Mailing Address

1218 SEMINOLE DR
INDIAN HARBOUR BEACH FL 32937-4123



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

03/12/1997

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SPICER, CAROL D
1218 SEMINOLE DR
INDIAN HARBOUR BEACH FL 32937-4123

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SPICER, CAROL DRAKE	
STREET ADDRESS	1218 SEMINOLE DR	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	WHEATLEY, CONSTANCE	
STREET ADDRESS	9542 SUNDANCE DR	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WHEATLEY, H. DANIEL	
STREET ADDRESS	3165 N ATLANTIC AVE #B205	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	DCOB	<input type="checkbox"/> DELETE
NAME	MAFFEO, FREDERICK	
STREET ADDRESS	1785 VIA CAPRI	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEALEY, GLORIA	
STREET ADDRESS	345 LYNN AVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEVE & LAURIE KLEM	
STREET ADDRESS	299 N ATLANTIC AVE #603	
CITY-ST-ZIP	COCOA BEACH FL 32931	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-1-99

407-779-4483

CR2E037 (11/98)