

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1998

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000003903 (8)

1. Corporation Name  
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF WORKING PEOPLE, INC.

Principal Place of Business  
360 N. US HWY 1  
OAK HILL FL 32759

Mailing Address  
PO BOX 741  
OAK HILL FL 32759

2. Principal Place of Business  
21 360 1/2 N. US Hwy 1  
Suite, Apt. #, etc.  
22

2a. Mailing Address  
26 P.O. Box 741  
Suite, Apt. #, etc.  
27

City & State  
23 Oak Hill, Florida  
Zip Country  
24 32759 25 Volusia  
City & State  
28 Oak Hill, FL  
Zip Country  
29 32759 30 Volusia

3. Date Incorporated or Qualified  
07/07/1997

4. FEI Number  
59-3460829

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

7. Is this nonprofit corporation a homeowners' association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
HALL, LONNIE E  
360 N. US HWY 1  
OAK HILL FL 32759

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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 Barbara A. Svedman - Treasurer Barbara A. Svedman 7/2/98  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CEO - Director	L. E. Hall	P.O. Box 192 (360 N US 1)	Oak Hill, FL 32759	<input type="checkbox"/>
Treasurer/Sec. - Director	Barbara Svedman	P.O. Box 741 (360 1/2 N US 1)	Oak Hill, FL 32759	<input type="checkbox"/>
	Larry Hall - Director	415 Ward Dr	Oak Hill, FL 32759	<input type="checkbox"/>
	Margie Bryant - Trustee	115 Ward Dr	Oak Hill, FL 32759	<input type="checkbox"/>
	Roger Wood - Trustee	P.O. Box 3 (Cummings Rd)	Oak Hill, FL 32759	<input type="checkbox"/>
	Sam Williams - Trustee	138 S. Gaines St R 0163	Oak Hill, FL 32759	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: Barbara A. Svedman (Sec/Treasurer) 7/2/98 (904) 345-4652  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/98)