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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700003903

1. Corporation Name

NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF WORK ING PEOPLE, INC.

Principal Place of Business 380 1/2 U.S. HIGHWAY 1 OAK HILL FL 32759 Mailing Address

PO BOX 741 OAK HILL FL 32759

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90064 028 ****61.25

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Principal Place of Business Za. Mailing Address					3.	3. Date Incorporated or Qualifed					
	360 N.US HWV 1 26			07/07/1997							
Suite, Apt.	te, Apt. #, etc. Suite, Apt. #, etc.			4. FEI Number)	plied For		
22 🗯	-2	27				59-3460829			t Applicable		
City & State City & State					5.	Certificate of Status Desired		~\$8.75 A			
23 COLK HILL PLANTIDA 28								Fee Re			
2				Country 6. Election Campaign Financing \$5.00 May Be							
24 37759 25 USA 29 30					Trust Fund Contribution Added to Fees						
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
				Traine							
HALL, LONNIE E				82 Street Address (P.O. Box Number is Not Acceptable)							
360 N. US HWY 1											
OAK HILL FL 32759											
			84	City	,		FL	85 Zip C	ode		
	0.00	1047 4500 51 44- 04 54-	# a ab					changing its	registered		
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 a	m familiar with, and accept the obligation	ons of, Section 617.0503, Florida	a Statutes	•							
SIGNATURE	Barbara a.	Hall		7 -/	ure required when		1/10/	<u> </u>			
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	signat		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12		
TITLE	CEOD	DINECTORO DELETE	1.1 TITLE					Change	☐ Addition		
NAME	HALL, L.E.		1.2 NAME								
STREET ADDRESS	5 6 5 6 V 4 6 6 4 V 4		1,3 STREET	r addri	ess :				Ì		
CITY-ST-ZIP	OAK HILL FL 32759		1,4 CITY-S					_			
TITLE			2.1 TITLE	2.1 TITLE		\$		Change	☐ Addition		
NAME	SUEDMAN, BARBARA		2.2 NAME		Hal	i, Barbara		• •			
STREET ADDRESS	5 0 50V 744 NVA		2.3 STREET	ADDRE	ss 0.0	BOX 741					
CITY-ST-ZIP	OAK HILL FL 32759		2, 4 CITY-S	T-ZIP		1411XL32759					
TITLE			3.1 TITLE					☐ Change	Addition		
NAME .	HALL, LARRY	!	3.2 NAME								
STREET ADDRESS	415 WARD DRIVE		3.3 STREET	ADDRE	ESS						
CITY-ST-ZIP	OAK HILL FL 32759	:	3.4. CITY- S	T-ZIP							
TITLE	T	☐ DELETE	4.1 TITLE				·	☐ Change	☐ Addition		
NAME	BRYAN, MARGIE	J	4, 2 NAME						Ì		
STREET ADDRESS	415 WARD DRIVE	İ	4.3 STREET	T ADORE	ESS						
CITY-ST-ZIP	OAK HILL FL 32759		4.4 CITY-S	T-ZIP							
TITLE	T	☐ DELETE	5.1 TITLE					☐ Change	Addition		
NAME	WOOD, ROGER		5.2 NAME		}						
STREET ADDRESS	P.O. BOX 3 N.A.		5.3 STREE	T ADDRI	ESS						
CITY-ST-ZIP	OAK HILL FL 32759		5.4 CITY-S	T- ZIP							
TITLE	T	☐ DELETE	6.1 TITLE					Change	Addition		
NAME	WILLIAMS, JIM		6.2 NAME		}				-		
STREET ADDRESS	,). BOX 163	6.3 STREE	ADDR	ESS						
i	OAK HILL EL 20750		64 CITY-S	T. 7IP	I				J		

OAK HILL FL 32759

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/99

(904)345-4652

CR2E037 (11/9)