

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000005790

1. Entity Name
C W O P, INC.



Principal Place of Business
6335 BROUGH ROAD
ELKTON, FL 32033

Mailing Address
6335 BROUGH ROAD
ELKTON, FL 32033



01102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

11-3817611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIS, WILLIE MAE
6335 BROUGH ROAD
ELKTON, FL 32033

**DO NOT WRITE
IN THIS SPACE**

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

Willie Willis

Willie Willis

5/11/08

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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ROBERSON, PATRICIA A
STREET ADDRESS 17 ROLLINS AVENUE
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE A
NAME WILLIS, WILLIE MAE
STREET ADDRESS 6335 BROUGH ROAD
CITY-ST-ZIP ELKTON, FL 32033

TITLE M
NAME ROBERSON, SHANETTE
STREET ADDRESS 17 ROLLINS AVENUE
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE M
NAME WESLEY, LINDA
STREET ADDRESS 6325 BROUGH ROAD
CITY-ST-ZIP ELKTON, FL 32033

TITLE M
NAME ROGERS, DELORES
STREET ADDRESS 143 PARK AVENUE
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000951855
06/04/08-80055-006 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Willie Willis / Willie Willis

5/11/08

904 692 1854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #