

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P32275
1. Corporation Name

DISADVANTAGED WORKERS OF AMERICA, INC.

Principal Place of Business
948 WOODLAND STREET
NASHVILLE TN 37206-3722

Mailing Address
948 WOODLAND STREET
NASHVILLE TN 37206-3722



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

30

3. Date Incorporated or Qualified
12/26/1990

3a. Date of Last Report
03/08/1995

4. FEI Number
62-1449850

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 and 607.1508, 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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME WELCH, ROGER A.
STREET ADDRESS 8350 ESTERO BLVD
CITY-ST-ZIP FT MYERS BEACH FL 33931

TITLE D ☐ DELETE
NAME HINSON, JOHN P
STREET ADDRESS 8233 E. WIKLE ROAD
CITY-ST-ZIP BRENTWOOD TN 37027

TITLE S ☒ DELETE
NAME BECK, SHARON K
STREET ADDRESS 627 W OLD HICKORY BLVD
CITY-ST-ZIP MADISON TN

TITLE D ☐ DELETE
NAME ZAMPIERI, J. MICHAEL
STREET ADDRESS 574 AZALEA RD #119
CITY-ST-ZIP MOBILE AL 36685

TITLE D ☐ DELETE
NAME GUINN, JAMES
STREET ADDRESS 2113 SURREY ROAD
CITY-ST-ZIP MUNCIE IN 47304

TITLE D ☐ DELETE
NAME MARTOCCI, SUSAN
STREET ADDRESS 1097 SHIPWATCH CIRCLE
CITY-ST-ZIP TAMPA FL 33607

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

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

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

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

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

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

S ☐ Change ☒ Addition
PAMELA D. BILLINGLEY
108 SPRUCE DRIVE
HENDERSONVILLE, TN 37075

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Pamela D. Billingsley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96
Date

615-262-7726
Daytime Phone #

CR2E034 (12/95)