FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/30/95--01017--012
****200.00 ****200.00

DOCUMENT # P94000070041 (6)

1. Corporation Name

WORKING PARTNERS ALLIANCE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
80 MT. ZION CHURCH ROAD CRAWFORDVILLE FL 32327	P.O. BOX 331 WOODVILLE FL 32362

3. Date Incorporated or Qualified: 09/22/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59 326 747 5 ☐ 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

LUCAS, EUNICE E
80 MT. ZION CHURCH ROAD
CRAWFORDVILLE FL 32327

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 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 _____ DATE
(Typed or printed name of registered agent and title if applicable) (Registered Agent signature required when mandated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PRESIDENT	11 TITLE	PRESIDENT (EP) ☐ Change ☒ Addition
12 NAME	EUNICE G. LUCAS	12 NAME	EUNICE E LUCAS
13 STREET ADDRESS	PO BOX 331 80 mt ZION Crawfordville 32327	13 STREET ADDRESS	80 mT ZION Ld PO Box 331 Woodville FL 32362
14 CITY ST ZIP	Woodville FL 32362	14 CITY ST ZIP	Crawfordville FL 32327
21 TITLE	VICE PRESIDENT	21 TITLE	VICE PRESIDENT (EP) ☐ Change ☒ Addition
22 NAME	Kermit E HERREN	22 NAME	Kermit E Herren
23 STREET ADDRESS	PO Box 331 80 mt Zion Rd Crawfordville 32327	23 STREET ADDRESS	PO Box 331 80 mt Zion Crawfordville 32327
24 CITY ST ZIP	Woodville FL 32362	24 CITY ST ZIP	Woodville FL 32362
31 TITLE	Secretary/Treasurer	31 TITLE	SECRETARY/TREASURER ☐ Change ☐ Addition
32 NAME	EUNICE E LUCAS	32 NAME	EUNICE E LUCAS
33 STREET ADDRESS	PO Box 331 80 mt Zion Rd Crawfordville	33 STREET ADDRESS	PO Box 331 80 mt Zion Crawfordville 32327
34 CITY ST ZIP	Woodville FL 32362	34 CITY ST ZIP	Woodville FL 32362
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

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5/1/95 MS

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eunice E. Lucas EUNICE E. LUCAS 4/26/95 904 942-1363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0410005 FP