

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000070041 (6)**

1. Corporation Name

**WORKING PARTNERS ALLIANCE, INC.**



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 **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **80 MT ZION Church Rd**

23 City & State

28 **Crawfordville FL**

24 Zip

25 Country

29 **32327**

30 Country

**Wakulla**

4. FEI Number **59-3267475** 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**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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 607.0506, Florida Statutes.

SIGNATURE

Signature (Typed or printed name of registered agent and then apply to 11)

8.011E Registered Agent signature (Typed or printed name)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
NAME	<b>LUCAS, EUNICE E</b>	
STREET ADDRESS	<b>80 MT. ZION ROAD</b>	
CITY - ST - ZIP	<b>CRAWFORDVILLE FL 32327</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>HERREN, KERMIT E</b>	
STREET ADDRESS	<b>80 MT. ZION ROAD</b>	
CITY - ST - ZIP	<b>CRAWFORDVILLE FL 32327</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>President/Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>Richard M Rhodes</b>	
33 STREET ADDRESS	<b>6305 Centerville Rd</b>	
34 CITY - ST - ZIP	<b>Tallahassee FL 32308</b>	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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\*\*\*200.00**

**4/23/96**

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 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 Lucas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Eunice Lucas**

**4/18/96**

Date: \_\_\_\_\_ District Phone # \_\_\_\_\_

CR2E034 (12/95)