

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000070041 (6)

1. Corporation Name

WORKING PARTNERS ALLIANCE, INC.

Principal Place of Business

80 MT. ZION CHURCH ROAD
CRAWFORDVILLE FL 32327

Mailing Address

80 MT. ZION CHURCH RD.
CRAWFORDVILLE FL 32327

3. Date Incorporated or Qualified

09/22/1994

3a. Date of Last Report

04/23/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

DELETE

VP
HERREN, KERMIT E
80 MT. ZION ROAD
CRAWFORDVILLE FL 32327

DELETE

S
RHODES, RICHARD M
6325 CENTERVILLE RD.
TALLAHASSEE FL 32308

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

PT
LUCAS, EUNICE E
80 MT ZION
Crawfordville FL 32327

Change Addition

VP
Herren Kermit E
80 MT ZION
Crawfordville FL 32327

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

14. I do 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 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 President 4/29/97

Date

Daytime Phone

0514111

FILED
97 APR 30 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (9/96)