

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000008871

Entity Name: GOOD WORKS PARTNERSHIPS INC.**Current Principal Place of Business:**351 W CEDAR ST
PENSACOLA, FL 32502**Current Mailing Address:**351 W CEDAR ST
PENSACOLA, FL 32502 US**FEI Number:** 46-1143889**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCLURE, AMBER
351 W CEDAR ST
PENSACOLA, FL 32502 US*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.***SIGNATURE:** AMBER MCCLURE

04/13/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ROTHFEDER, ANDREW E
Address 351 W CEDAR ST
City-State-Zip: PENSACOLA FL 32502

Title CHAIRMAN
Name REMINGTON, SCOTT
Address 351 W CEDAR ST
City-State-Zip: PENSACOLA FL 32502

Title TREASURER
Name MCCLURE, AMBER M
Address 351 W CEDAR ST
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR
Name VIGODSKY, MOLLYE
Address 351 W CEDAR ST
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR
Name OUTZEN, RICK
Address 351 W CEDAR ST
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR
Name BARNETT, JESSICA
Address 351 W CEDAR ST
City-State-Zip: PENSACOLA FL 32502

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AMBER MCCLURE

TREASURER

04/13/2015

Electronic Signature of Signing Officer/Director Detail

Date