

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000006045

**FILED  
Apr 20, 2020  
Secretary of State  
9085551139CC**

**Entity Name:** HEALTHCARE WORKERS OF AMERICA INC

**Current Principal Place of Business:**

6822 22ND AVENUE NORTH # 201  
ST PETERSBURG, FL 33710

**Current Mailing Address:**

6822 22ND AVENUE NORTH # 201  
ST PETERSBURG, FL 33710

**FEI Number: 84-2056077**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

JONES, FRANCES  
6822 22ND AVENUE NORTH # 201  
ST PETERSBURG, FL 33710 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P, T  
Name JONES, FRANCES  
Address 6822 22ND AVENUE NORTH # 201  
City-State-Zip: ST PETERSBURG FL 33710

Title VP D  
Name BANKS, KIMBER  
Address 2420 12TH AVENUE SOUTH  
City-State-Zip: ST PETERSBURG FL 33712

Title S,D  
Name SHORT, MAUREEN  
Address 732 NORTH DUNLAP  
City-State-Zip: MEMPHIS TN 38107

Title D  
Name JONES, FRANCES  
Address 6822 22ND AVENUE NORTH # 201  
City-State-Zip: ST PETERSBURG FL 33710

*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: FRANCES JONES**

**CHIEF EXECUTIVE  
OFFICER**

**04/20/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date