

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000006045

**FILED**  
**Apr 13, 2021**  
**Secretary of State**  
**3623499082CC**

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

**Current Principal Place of Business:**

3555 CYPRESS TERRACE  
PINELLAS PARK, FL 33781

**Current Mailing Address:**

1275 66TH ST N 48672  
ST PETERSBURG, FL 33743 US

**FEI Number: 84-2056077**

**Certificate of Status Desired: Yes**

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

JONES, FRANCES  
1275 66TH ST N 48672  
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 1275 66TH ST N 48672  
City-State-Zip: ST PETERSBURG FL 33710

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

Title SECRETARY  
Name HIBBS, DARLENE  
Address 401 WEST COVELL RD  
416  
City-State-Zip: EDMOND OK 73003

Title V P  
Name PREJEAN, MICHELLE  
Address 2025 12TH ST S  
City-State-Zip: ST PETERSBURG FL 33705

*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**

**CEO**

**04/13/2021**

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

\_\_\_\_\_  
Date