

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90090 007 \*\*\*\*70.00

**DOCUMENT # 758161**

1. Entity Name

**FLORIDA WORLD ORGANIZATION OF CHINA PAINTERS', INC.**



Principal Place of Business

**4420 BALLAST POINT BLVD  
 TAMPA FL 33611-5602  
 US**

Mailing Address

**4420 BALLAST POINT BLVD  
 TAMPA FL 33611-5602  
 US**

2. Principal Place of Business

**18 Bryan Avenue**  
 Suite, Apt. #, etc.

3. Mailing Address

**18 Bryan Avenue**  
 Suite, Apt. #, etc.

City & State

**Titusville, Florida**

City & State

**Titusville, Florida**

4. FEI Number

**59-2222279**

Applied For

Not Applicable

Zip

Country

**32796-2708**

**US**

Zip

Country

**32796-2708**

**US**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DRENTH, SHIRLEY  
 4420 BALLAST POINT BLVD  
 TAMPA FL 33611-5602**

7. Name and Address of New Registered Agent

Name **Mildred J. Archer**  
 Street Address (P.O. Box Number is Not Acceptable)  
**18 Bryan Avenue**  
 City **Titusville, FL** Zip Code **32796-2708**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mildred J. Archer, Treas. Mildred J. Archer, Treas. - March 18, 2004  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DRENTH, SHIRLEY 4420 BALLAST POINT BLVD TAMPA FL 33611-5602 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT RISLER, RITA 8091 CANDLEWOOD RD LARGO FL 33777-2050 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PICKETT, LINDA 2804 ANNISTON RD. JACKSONVILLE FL 32246 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HARVEY, GLORIA M 12755 WESTWOOD LAKES BLVD TAMPA FL 33626 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARCHER, MILDRED 18 BRYAN AVE TITUSVILLE FL 32796-2708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BIELBY, IRIS 4851 GANDY BLVD., B-10, L-26 TAMPA FL 33611-3018 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Risler, Rita 8091 Candlewood Rd. Largo, Fl. 33777-2050 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Perez, Norma Jean 3909 W. Carmen St. Tampa, Fl. 33609-1211 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Pickett, Linda 2804 Anniston Rd. Jacksonville, Fl. 32246 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lojacano, Kathleen 751 Salt Lake Dr. Tarpon Springs, Fl. 34689 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Archer, Mildred J. 18 Bryan Avenue Titusville, Fl. 32796-2708 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Bielby, Iris 4851 Gandy Blvd., B-10, L-26 Tampa, Fl. 33611-3018 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Mildred J. Archer, Treas. Mildred J. Archer, Treas. 3/18/04 (321)267-3006**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #