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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000005841 (1)
1. Corporation Name:
INNOVATING WORTHY PROJECTS FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**LAKEVIEW CORPORATE CENTER
6415 LAKE ROAD SUITE 208
GREENACRES CITY FL 33463**

3. Date Incorporated or Qualified 11/10/1994	3a. Date of Last Report
4. FEI Number 22-6083636	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent
**PACKER, IRVING W DR
LAKEVIEW CORPORATE CENTER
6415 LAKE WORTH ROAD, SUITE 208
GREENACRES CITY FL 33463**

10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PT MCAFFEE, JOHN A CLU PO BOX 662 (N/A) MARLTON NJ 08053	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TT CULBERTSON, RICHARD W JR 601 WHITE HORSE ROAD VORRHEES NJ 08043	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Voorhees, NJ 08043
TITLE NAME STREET ADDRESS CITY, ST, ZIP	T CRABTREE, DAVID E 28 COOLIDGE AVENUE WEST CALDWELL NJ 07006	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	T PACKER, EDWARD D.O. 2643 SOUTH LOS ALTOS MESA AZ 85202	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TVC PACKER, ESTELLE 8096 DESMOND DRIVE/ABERDEEN ESTATES BOYNTON BEACH FL 33437	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TC PACKER, IRVING W ED.D 8096 DESMOND DRIVE/ABERDEEN ESTATES BOYNTON BEACH FL 33437	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied herein is voluntarily furnished and that it truly and fairly represents the facts as stated in the report. I further certify that the information included 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. 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 the "List of Officers, Directors, Receivers or Trustees" attached with this report.

SIGNATURE: IRVING W. PACKER, Ed.D. 5/11/95 (407) 439-4445
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR