

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000005841 (1)**

1. Corporation Name
INNOVATING WORTHY PROJECTS FOUNDATION, INC.



Principal Place of Business: LAKEVIEW CORPORATE CENTER, 6415 LAKE ROAD SUITE 208, GREENACRES CITY FL 33463
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: 05/18/1995

2. Principal Place of Business (21-24):
2a. Mailing Address (25-28):
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country
25. Suite, Apt. #, etc.
26. City & State
27. Zip, Country
28. City & State
29. Zip, Country
30. City & State

4. FEI Number: 22-6083636
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 (81-85):
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PT NAME: MCAFFEE, JOHN A CLU STREET ADDRESS: PO BOX 662 (N/A) CITY-ST-ZIP: MARLTON NJ 08053	<input type="checkbox"/> DELETE	1.1 TITLE: T 1.2 NAME: STEPHEN P. WEISS, ESQ. 1.3 STREET ADDRESS: 2000 MARKET STREET, 10th FLR. 1.4 CITY-ST-ZIP: PHILADELPHIA, PA 19103-3293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TT NAME: CULBERTSON, RICHARD W JR STREET ADDRESS: 601 WHITE HORSE ROAD CITY-ST-ZIP: VOORHEES NJ	<input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: CRABTREE, DAVID E STREET ADDRESS: 26 COOLIDGE AVENUE CITY-ST-ZIP: WEST CALDWELL NJ 07006	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: PACKER, EDWARD D.O. STREET ADDRESS: 2643 SOUTH LOS ALTOS CITY-ST-ZIP: MESA AZ 85202	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TVC NAME: PACKER, ESTELLE STREET ADDRESS: 8096 DESMOND DRIVE/ABERDEEN ESTATES CITY-ST-ZIP: BOYNTON BEACH FL 33437	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TC NAME: PACKER, IRVING W ED.D STREET ADDRESS: 8096 DESMOND DRIVE/ABERDEEN ESTATES CITY-ST-ZIP: BOYNTON BEACH FL 33437	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 3/14/96 (407) 4394445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/96)