

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 11/10/1994		
4. FEI Number 22-6083636	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 _____ Suite, Apt. #, etc. 22 _____ City & State 23 _____ Zip 24 _____	2a. Mailing Address 25 _____ Suite, Apt. #, etc. 26 _____ City & State 27 _____ Zip 28 _____ Country 29 _____	30 _____
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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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 _____	
84 City	85 Zip Code

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCAFFEE, JOHN A CLU	1.2 NAME	Weiss, Stephen P.
STREET ADDRESS	PO BOX 682 (N/A)	1.3 STREET ADDRESS	Philadelphia, PA
CITY-ST-ZIP	MARLTON NJ 08053	1.4 CITY-ST-ZIP	
TITLE	TT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULBERTSON, RICHARD W JR	2.2 NAME	
STREET ADDRESS	601 WHITE HORSE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	VOORHEES NJ	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRABTREE, DAVID E	3.2 NAME	
STREET ADDRESS	26 COOLIDGE AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST CALDWELL NJ 07006	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACKER, EDWARD D.O.	4.2 NAME	
STREET ADDRESS	2843 SOUTH LOS ALTOS	4.3 STREET ADDRESS	
CITY-ST-ZIP	MESA AZ 85202	4.4 CITY-ST-ZIP	
TITLE	TVC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACKER, ESTELLE	5.2 NAME	
STREET ADDRESS	8096 DESMOND DRIVE/ABERDEEN ESTATES	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	5.4 CITY-ST-ZIP	
TITLE	TC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACKER, IRVING W ED.D	6.2 NAME	
STREET ADDRESS	8096 DESMOND DRIVE/ABERDEEN ESTATES	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	6.4 CITY-ST-ZIP	

14. 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 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: IRVING W PACKER **CR2E037 (10/97)**
 4/9/98 \$61-34-701