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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F94000005841**

1. Corporation Name

**INNOVATING WORTHY PROJECTS FOUNDATION, INC.**

Principal Place of Business

Mailing Address

LAKEVIEW CORPORATE CENTER  
 6415 LAKE ROAD SUITE 208  
 GREENACRES CITY FL 33463

LAKEVIEW CORPORATE CENTER  
 6415 LAKE ROAD SUITE 208  
 GREENACRES CITY FL 33463



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

11/10/1994

22 City & State

27 City & State

4. FEI Number

Applied For  
 Not Applicable

22-6083636

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PACKER, IRVING W DR  
 LAKEVIEW CORPORATE CENTER  
 6415 LAKE WORTH ROAD, SUITE 208  
 GREENACRES CITY FL 33463

81 Name

PACKER, ESTELLE

82 Street Address (P.O. Box Number is Not Acceptable)

LAKEVIEW CORPORATE CENTER

83

6415 LAKE WORTH ROAD, SUITE 208

84 City

GREENACRES CITY

FL

85 Zip Code  
 33463

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

*Estelle Packer*

*C.E.O. Innovating Worthy Projects Fdn 2/17/99*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME MCAFFEE, JOHN A CLU  
 STREET ADDRESS PO BOX 662 (N/A)  
 CITY-ST-ZIP MARLTON NJ 08053

1.1 TITLE  Change  Addition  
 NAME ST  
 1.2 NAME WEISS, STEPHEN P.  
 1.3 STREET ADDRESS 2000 MARKET STREET, 10TH FLOOR  
 1.4 CITY-ST-ZIP PHILADELPHIA, PA 19103-3291

TITLE  DELETE  
 NAME TT  
 STREET ADDRESS CULBERTSON, RICHARD W JR  
 601 WHITE HORSE ROAD  
 CITY-ST-ZIP VOORHEES NJ

2.1 TITLE  Change  Addition  
 NAME T  
 2.2 NAME PACKER, JEFFREY  
 2.3 STREET ADDRESS 5057 E. BERYL AVENUE  
 2.4 CITY-ST-ZIP PARADISE VALLEY, AZ 85253

TITLE  DELETE  
 NAME T  
 STREET ADDRESS CRABTREE, DAVID E  
 26 COOLIDGE AVENUE  
 CITY-ST-ZIP WEST CALDWELL NJ 07006

3.1 TITLE  Change  Addition  
 NAME 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME T  
 STREET ADDRESS PACKER, EDWARD D.O.  
 2643 SOUTH LOS ALTOS  
 CITY-ST-ZIP MESA AZ 85202

4.1 TITLE  Change  Addition  
 NAME 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME TVC  
 STREET ADDRESS PACKER, ESTELLE  
 8096 DESMOND DRIVE/ABERDEEN ESTATES  
 CITY-ST-ZIP BOYNTON BEACH FL 33437

5.1 TITLE  Change  Addition  
 NAME TC  
 5.2 NAME PACKER, ESTELLE  
 5.3 STREET ADDRESS 6793 TREVES WAY  
 5.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE  DELETE  
 NAME TC  
 STREET ADDRESS PACKER, IRVING W ED.D  
 8096 DESMOND DRIVE/ABERDEEN ESTATES  
 CITY-ST-ZIP BOYNTON BEACH FL 33437

6.1 TITLE  Change  Addition  
 NAME 6.2 NAME  
 6.3 STREET ADDRESS  
 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, with all other like empowered.

SIGNATURE:

*Estelle Packer* SIGNATURE REQUIRED  
 C.E.O. Innovating Worthy Projects Fdn.

2/17/99 439-4445  
 561

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E037 (1/198)