


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

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90045 019 ****61.25

DOCUMENT # F94000005841

1. Entity 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 3. Mailing Address

6793 Treves Way **PO Box 740220**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Boynton Beach, FL **Boynton Beach, FL**

Zip Country Zip Country

33437 USA 33474-0220 USA



MOORE CR2E037 (11/03)

4. FEI Number 22-6083636

Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PACKER, ESTELLE
 LAKEVIEW CORPORATE CENTER
 6415 LAKE WORTH ROAD, SUITE 208
 GREENACRES CITY FL 33463**

7. Name and Address of New Registered Agent

Name **Packer, Estelle**

Street Address (P.O. Box Number is Not Acceptable)
6793 Treves Way

City **Boynton Beach** **FL** Zip Code **33437**

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

**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 WEISS, STEPHEN P 2000 MARKET STREET, 10TH FL PHILADELPHIA PA 19103-3291	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT CULBERTSON, RICHARD W JR 601 WHITE HORSE ROAD VOORHEES NJ	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRABTREE, DAVID E 26 COOLIDGE AVENUE WEST CALDWELL NJ 07006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PACKER, EDWARD D.O. 528 NE 8TH AVENUE FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVC PACKER, ESTELLE 8712 ROTHBURY LANE BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC PACKER, JEFFREY 5057 E. BERYL AVENUE PARADISE VALLEY AZ 85253	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Voorhees, NJ 08043-2493	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Packer, Howard 4045 Sheridan Avenue, #296 Miami Beach, FL 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T	<input checked="" 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: Estelle Packer Date: 2/18/04 Daytime Phone #: 301369-1050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR