

2000 UNIFORM BUSINESS REPORT (UBR)

1.

DOCUMENT # N99000001654

1. Entity Name

THE WOMEN'S PEACEPOWER FOUNDATION, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

01-27-2000 90035 013 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 14216 U.S. 98 BYPASS DADE CITY FL 33525		Mailing Address 14216 U.S. 98 BYPASS DADE CITY FL 33525	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2056 Suite, Apt. #, etc.	
City & State Dade City FL		City & State Dade City FL	
Zip 33526	Country USA	4. FEI Number 59-3546535	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SLAUGHTER WARMKE, CANDICE 14216 U.S. 98 BYPASS DADE CITY FL 33525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, Pres. Candice Slaughter Warmke 32740 Lister Rd Dade City FL 33523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jerome Warmke 32740 Lister Rd Dade City, FL 33523 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tanice Martin PO Box 18484 Tampa, FL 33679 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cecilia Yocum 5023 110th Ave Tampa, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sandra Seckel 2000 Eagle Pointe Palm Harbor, FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	William Slicker 447 Third Ave. North St. Petersburg, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Caroline Tesche 1902 S. MacDill Ave. Tampa, FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Candice Slaughter Warmke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00 352/567-9116
Date Daytime Phone #

CR2E037 (9/99)