


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90019 009 ****61.25

DOCUMENT # N9500000966

1. Entity Name
ONE WORLD FOUNDATION, INC.



Principal Place of Business
 830-13 A1A NORTH
 #321
 PONTE VEDRA BEACH, FL 32082 US

Mailing Address
 830-13 A1A NORTH
 #321
 PONTE VEDRA BEACH, FL 32082 US

44028242



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04102004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3326436

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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)

Filing 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	D	<input type="checkbox"/> Delete
NAME	MCQUIGGAN, JOHN H	
STREET ADDRESS	150 JORALEMON STREET # 11-B	
CITY-ST-ZIP	BROOKLYN, NY 11201	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TANNAHILL, SAMUEL B	
STREET ADDRESS	VILLA LAPAGANE 8 RUE GABRIEL	
CITY-ST-ZIP	LA GAVDE FRANCE, 06610	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KINGHORN, GEORGE	
STREET ADDRESS	1089 CHERRY ST.	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCLUCAS, W S	
STREET ADDRESS	BOX #307 830-13 A1A NORTH	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCLUCAS, NANCY M	
STREET ADDRESS	BOX #307 830-13 A1A NORTH	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARX, MARY	
STREET ADDRESS	181 CROSCOVE CIRCLE	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: W. Scott McLucas **W. SCOTT MCLUCAS** **904-280-1032**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date **04/10/04** Daytime Phone #