2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000001654

1. Entity Name
THE WOMEN'S PEACEPOWER FOUNDATION, INC.

Principal Place of Business	Mailing Address
35400 BLANTON RD DADE CITY, FL 33523	PO BOX 1618 ZEPHYRHILLS, FL 33539

02272006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3546535
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCCABE VAUGHAN, DIANE
35400 BLANTON RD
DADE CITY, FL 33523

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Diane McCabe Vaughan 2-28-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARTMAN, HEATHER
STREET ADDRESS	2606 LITTLE RD
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	D
NAME	MCINTOSH, ROBERTA
STREET ADDRESS	1561 PLEASENT GROVE DR.
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	D
NAME	ESPOSITO, LISA
STREET ADDRESS	12904 PRESTWICK DR.
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	D
NAME	WARMKE, CLARE
STREET ADDRESS	1551 ROSEWOOD AVE - DOWN
CITY-ST-ZIP	LAKEWOOD, OH 44107
TITLE	D
NAME	OSGOOD, JENNIFER
STREET ADDRESS	1519 PLEASANT HARBOR WAY
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	WARMKE, CANDICE
STREET ADDRESS	1190 VIRGINIA RIDGE RD
CITY-ST-ZIP	PHILO, OH 43771

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03/15/06-80031-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Diane McCabe Vaughan 2-28-06 352-458-9582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #