2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001654

FILED Mar 05, 2007 Secretary of State

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

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
35400 BLAI DADE CITY	NTON RD /, FL 33523					
Current Mailing Address:			New Mailir	New Mailing Address:		
PO BOX 1618 ZEPHYRHILLS, FL 33539						
FEI Number: 59-3546535		FEI Number Applied For ()	FEI Number Not Appli	icable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
MCCABE VAUGHAN, DIANE 35400 BLANTON RD						
	7, FL 33523	US				
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.						
SIGNATUR						
	Electroni	c Signature of Registered Agent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () HARTMAN, HEA [*] 2606 LITTLE RI VALRICO, FL 33)	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () MCINTOSH, ROI 1561 PLEASENT DUNEDIN, FL 3	GROVE DR.	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () ESPOSITO, LISA 12904 PRESTW RIVERVIEW, FL	ICK DR.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	WARMKE, CLAR	DD AVE - DOWN	Title: Name: Address: City-St-Zip:	D (X) Change () Addition HABER, BETTY LOU 3608 SW 31ST DR APT 17A GAINESVILLE, FL 32608		
Title: Name: Address: City-St-Zip:	D () OSGOOD, JENN 1519 PLEASANT TAMPA, FL 336	HARBOR WAY	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BALTIC, VICTORIA 3755 CENTENNIAL AVE HOMASASSA, FL 34448		
Title: Name: Address: City-St-Zip:	D (X) WARMKE, CANE 1190 VIRGINIA F PHILO, OH 437	RIDGE RD	Title: Name: Address: City-St-Zip:	()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE MCCABE VAUGHAN D 03/05/2007