

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001654

FILED  
Mar 14, 2010  
Secretary of State

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

**Current Principal Place of Business:**

35400 BLANTON RD  
DADE CITY, FL 33523

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1618  
ZEPHYRHILLS, FL 33539

**New Mailing Address:**

**FEI Number:** 59-3546535

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: RUTLEDGE, HEATHER  
Address: 2606 LITTLE RD  
City-St-Zip: VALRICO, FL 33594

Title: D  
Name: MCINTOSH, ROBERTA  
Address: 1561 PLEASANT GROVE DR.  
City-St-Zip: DUNEDIN, FL 34698

Title: D  
Name: ESPOSITO, LISA  
Address: 12904 PRESTWICK DR.  
City-St-Zip: RIVERVIEW, FL 33569

Title: D  
Name: HABER, BETTY LOU  
Address: 3608 SW 31ST DR APT 17A  
City-St-Zip: GAINESVILLE, FL 32608

Title: D  
Name: BALTIC, VICTORIA  
Address: 3755 CENTENNIAL AVE  
City-St-Zip: HOMASASSA, FL 34448

Title: D  
Name: SMITH, SHARON  
Address: 8316 CASS ST  
City-St-Zip: ZEPHYRHILLS, FL 33541

I hereby 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 all other like empowered.

SIGNATURE: DIANE MCCABE VAUGHAN

PRES

03/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date