2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000001654

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

FILED Mar 06, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 38047 E PASCO AVE 6225 SILVER OAKS DR. DADE CITY, FL 33526 ZEPHYRHILLS, FL 33542 **Current Mailing Address: New Mailing Address:** PO BOX 2056 PO BOX 1618 DADE CITY, FL 33526 ZEPHYRHILLS, FL 33539 FEI Number: 59-3546535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCCABE, DIANE MCCABE, DIANE 38047 E PASCO AVE 6225 SILVER OAKS DR. DADE CITY, FL 33526 ZEPHYRHILLS, FL 33542 US 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. SIGNATURE: 03/06/2003 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MURRAY, THERESA DRURY, DONNA Name: Name: 3915 CLEARFIELD AVE. Address: 2827 ST. JOHN DR. Address: City-St-Zip: TAMPA, FL 33603 City-St-Zip: CLEARWATER, FL 33759 Title: () Delete Title: () Change () Addition MCINTOSH, ROBERTA Name: Name: Address: 1561 PLEASENT GROVE DR. Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: () Delete Title: () Change () Addition ESPOSITO, LISA Name: Name: Address: 12904 PRESTWICK DR. Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: () Delete Title: () Change () Addition WADE, JUDY Name: Name: 9058 QUAIL CREEK DR. Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: Title: () Delete Title: () Change () Addition KIMMEL, ELLEN Name: Name: 4202 E FOWLER AVE Address: Address: City-St-Zip: TAMPA, FL 33617 City-St-Zip: Title: () Delete Title: () Change () Addition OSGOOD, JENNIFER Name: Name: Address: 502 S FREMONT #420 Address: TAMPA, FL 336112627 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JENNIFER OSGOOD D 03/06/2003