

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001654

Entity Name: THE WOMEN'S PEACEPOWER FOUNDATION, INC.**Current Principal Place of Business:**35400 BLANTON RD
DADE CITY, FL 33523**Current Mailing Address:**PO BOX 1618
ZEPHYRHILLS, FL 33539**FEI Number:** 59-3546535**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCABE VAUGHAN, DIANE
35400 BLANTON RD
DADE CITY, 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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

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

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

Title	D
Name	MCGILVERY, ROXANA L
Address	15215 LIVINGSTON AVE
City-State-Zip:	LUTZ FL 33559

Title	D
Name	MCCABE VAUGHAN, DIANE
Address	35400 BLANTON RD
City-State-Zip:	DADE CITY FL 33523

Title	D
Name	OSGOOD, JENNIFER
Address	3513 N. SAN MIGUEL ST
City-State-Zip:	TAMPA FL 33629

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**BOARD MEMBER****01/31/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date