

**2016 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	RUTLEDGE, HEATHER
Address	915 CENTERBROOK DR.
City-State-Zip:	BRANDON FL 33511

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

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

*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****PRESIDENT****01/25/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date