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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **740178** (9)

1. Corporation Name

WE THE PEOPLE, INC.

Principal Place of Business

**206 ALTA VISTA STREET
P.O. BOX 515
DEBARY FL 32713**

Mailing Address

**206 ALTA VISTA STREET
P.O. BOX 515
DEBARY FL 32713**

3. Date Incorporated or Qualified

09/19/1977

4. FEI Number

59-1766736

Applied For

☐ Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Country

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GOLDEN, ROSS E.
206 ALTA VISTA
DEBARY FL 32713**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CORNWELL, O H	
STREET ADDRESS	907 E RICH AVE	
CITY - ST - ZIP	DELAND FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROPP, THOMAS	
STREET ADDRESS	721 W PENNSYLVANIA	
CITY - ST - ZIP	DELAND FL	

TITLE	P	<input type="checkbox"/> DELETE
NAME	GOLDEN, ROSS	
STREET ADDRESS	206 ALTA VISTA	
CITY - ST - ZIP	DEBARY FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	SAXTON, JEAN	
STREET ADDRESS	680 GLEASON ST.	
CITY - ST - ZIP	ORANGE CITY FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAMS, JOHN L.	
STREET ADDRESS	21 POINSETTIA DR.	
CITY - ST - ZIP	DELAND FL	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ARMSTRONG, MILLIE	
STREET ADDRESS	2805 BERKLEY TERRACE	
CITY - ST - ZIP	DAYTONA SHORES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Albert Bergman	
1.3 STREET ADDRESS	526 Hemingway Ct.	
1.4 CITY - ST - ZIP	DeLand, FL 32720	

2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John James	
2.3 STREET ADDRESS	N/A	
2.4 CITY - ST - ZIP	Pierson, FL	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	COOK, BUDDY	
3.3 STREET ADDRESS	2149 7th AVE	
3.4 CITY - ST - ZIP	DeLAND, FL 32724	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KIPP, GORDON E.	
4.3 STREET ADDRESS	182 GROVE ST.	
4.4 CITY - ST - ZIP	ORMOND BEACH, FL 32174	

5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CATES, RUTH I.	
5.3 STREET ADDRESS	1426 N. AMELIA AVE.	
5.4 CITY - ST - ZIP	DeLAND, FL 32724	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ross E. Golden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/98

(407)-668-6139

CR037 (10/97)