

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.**  
**AMOUNT DUE ON OR BEFORE 6/30/96: \$124 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
 95 JUN 19 AM 11:33

**DOCUMENT # 740859 (4)**

1. Corporation Name  
**THE WORLD IS THE FIELD, INC.**

Principal Place of Business Mailing Address  
 5302 WILLIAMS RD 5302 WILLIAMS RD  
 TAMPA FL 33610 TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/21/1977</b>	3a. Date of Last Report <b>02/03/1994</b>
4. FEI Number <b>59-2061325</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent

**ISELL, ROBERT DANIEL**  
**9591 BEL AIRE DR**  
**MIRAMAR FL 33025**

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 \_\_\_\_\_ NOTE: Registered Agent signature required when re-registering DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PC
NAME	ISELL, ROBERT DANIEL
STREET ADDRESS	9591 BEL AIRE DR.
CITY - ST - ZIP	MIRMAR FL
TITLE	TD
NAME	CALKINS, BARBARA JEAN
STREET ADDRESS	1422 NE 1ST ST.
CITY - ST - ZIP	CAPE CORAL FL
TITLE	D
NAME	DEL CASTILLO, CHERYL
STREET ADDRESS	5302 WILLIAMS RD
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	DORRIS, MAC
STREET ADDRESS	RT 1 HOOD RD
CITY - ST - ZIP	LAGRANGE GA
TITLE	VS
NAME	TAYLOR, JOHN
STREET ADDRESS	4626 GROVECREST
CITY - ST - ZIP	LAKELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	937 WickelRun Drive
24 CITY - ST - ZIP	Brandon, FL 33510
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further certify that the information included 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 its 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 appointment with an address.

SIGNATURE: Cheryl Castillo Barbara Callkins 6/14/95 (13) 621-6757  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Phone #)

CR2E037 (3/95)