

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90091 019 ****70.00

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DOCUMENT # 744946

1. Entity Name

WORLD SALT FOUNDATION, INC.



Principal Place of Business

5024 WASHINGTON ST
PO BOX 551
LAKE WALES FL 33859
US

Mailing Address

5024 WASHINGTON ST
PO BOX 551
LAKE WALES FL 33859
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1892298**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HEIM, ROGER G
5024 WASHINGTON STREET
LAKE WALES FL ~~33859~~ **33859-7918**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete
NAME **HEIM, ROGER G.**
STREET ADDRESS **5024 WASHINGTON**
CITY-ST-ZIP **LAKE WALES FL 33859**

TITLE **TD** ☒ Delete
NAME **BENING, STEPHEN**
STREET ADDRESS **5720 LAKESIDE DR APT 619**
CITY-ST-ZIP **MARGATE FL 33063-1405**

TITLE **SD** ☐ Delete
NAME **MAY, ALBERT C JR**
STREET ADDRESS **834 GARDEN STONE CIRCLE**
CITY-ST-ZIP **TALLMADGE OH 44278-1084**

TITLE **SD** ☐ Delete
NAME **WELLS, WILBUR J**
STREET ADDRESS **4325 WOLF POND RD**
CITY-ST-ZIP **MONROE NC 28112-8999**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition
NAME **Segismundo Concepcion**
STREET ADDRESS **3315 HEATH STREET**
CITY-ST-ZIP **Sebring, FL 33872-3140**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-03 (863) 638-0557

Date

Daytime Phone #

CR2E037 (10/02)