

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90017 015 ****70.00

DOCUMENT # 758161

1. Entity Name

**FLORIDA WORLD ORGANIZATION OF CHINA
PAINTERS', INC.**



Principal Place of Business

**18 BRYAN AVE.
TITUSVILLE FL 32796-2708
US**

Mailing Address

**18 BRYAN AVE.
TITUSVILLE FL 32796-2708
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2222279

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARCHER, MILDRED J
18 BRYAN AVE.
TITUSVILLE FL 32796-2708**

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

Mildred J. Archer

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

Mildred J. Archer

(NOTE: Registered Agent signature required when reinstating)

Jan. 31, 2006

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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	PT	<input type="checkbox"/> Delete
NAME	RISLER, RITA	
STREET ADDRESS	8091 CANDLEWOOD RD.	
CITY-ST-ZIP	SEMINOLE FL 33777-2050	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, NORMA JEAN	
STREET ADDRESS	3909 W CARMEN ST.	
CITY-ST-ZIP	TAMPA FL 33609-1211	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	BROGDEN, JUDI	
STREET ADDRESS	1403 VENTANA DR	
CITY-ST-ZIP	RUSKIN FL 33573	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	LO JACONO, KATHLEEN	
STREET ADDRESS	751 SALT LAKE DR	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	T	<input type="checkbox"/> Delete
NAME	ARCHER, MILDRED	
STREET ADDRESS	18 BRYAN AVE	
CITY-ST-ZIP	TITUSVILLE FL 32796-2708	
TITLE	S	<input type="checkbox"/> Delete
NAME	BIELBY, IRIS	
STREET ADDRESS	4851 GANDY BLVD., B-10, L-26	
CITY-ST-ZIP	TAMPA FL 33611-3018	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROSS, ANNE	
STREET ADDRESS	1316 Misty Greens Dr.	
CITY-ST-ZIP	SUN CITY CENTER, FL. 33573	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUNDBERG, JUDITH	
STREET ADDRESS	6343 Wood Valley Rd.	
CITY-ST-ZIP	Jacksonville, FL. 32217-2459	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Mildred J. Archer, Treasurer*

Jan. 31, 2006 (321) 267-3006