

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 19, 2007 08:00 AM  
Secretary of State

DOCUMENT # F04000004563



1. Entity Name  
GLOBAL COUNTRY OF WORLD PEACE, INC.

Principal Place of Business  
1900 CAPITAL BOULEVARD  
MAHARISHI VEDIC CITY, IA 52556

Mailing Address  
1900 CAPITAL BOULEVARD  
MAHARISHI VEDIC CITY, IA 52556



01142007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
36-4519393

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

POTTS, ALCINE  
1125 SW 2ND AVE.  
GAINESVILLE, FL 32601

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P&D
NAME	WYNNE, ROBERT G
STREET ADDRESS	1973 GRAND DRIVE
CITY-ST-ZIP	MAHARISHI VEDIC CITY, IA 52556
TITLE	T&D
NAME	FELDMAN, BENJAMIN
STREET ADDRESS	MERU, STATION 24
CITY-ST-ZIP	6063 NP VLODROP, -- NETHERLDS
TITLE	SEC
NAME	WYNNE, MAUREEN M
STREET ADDRESS	1973 GRAND DRIVE
CITY-ST-ZIP	MAHARISHI VEDIC CITY, IA 53556
TITLE	CSEC
NAME	BEACH, PETER
STREET ADDRESS	911 ALTURAS WAY
CITY-ST-ZIP	MILL VALLEY, CA 949414141
TITLE	DIR
NAME	DR.PRAKASH SHRIVASTAVA
STREET ADDRESS	MAHARISHI NAGAR
CITY-ST-ZIP	UTTAR PRADESH PINCODE 201304, -- INDIA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Wynne

Date

Daytime Phone #

641 469-7000