2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000005453

1. Entity Name
ONE VILLAGE PLANET CORPORATION

Principal Place of Business	Mailing Address
1440 CORAL RIDGE DR #104 CORAL SPRINGS, FL 33071	1440 CORAL RIDGE DR #104 CORAL SPRINGS, FL 33071

04142005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
03-0532479
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BATES, ELIZABETH
6155 NW 53RD ST
CORAL SPRINGS, FL 33067

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	BATES, ELIZABETH
STREET ADDRESS	6155 NW 53RD ST
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	CV
NAME	WARREN, DANIEL
STREET ADDRESS	1440 CORAL RIDGE DR #104
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	T
NAME	OGLE, HELEN
STREET ADDRESS	6155 NW 53RD ST
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	D
NAME	WARREN, STEFANIE
STREET ADDRESS	4272 SPOLETO CIRCLE APT #306
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	D
NAME	LYMAN, JERRY
STREET ADDRESS	4632 BW 100 TERRACE
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	D
NAME	SHERIDAN, BOB
STREET ADDRESS	37 N OCEAN BLVD
CITY-ST-ZIP	POMPANO BEACH, FL 33062

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04/19/05-80037-025 61.25

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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: _____ 4/15/05 954-290-9147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #