

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # F04000005453

1. Entity Name
ONE VILLAGE PLANET CORPORATION



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

Mailing Address
**1440 CORAL RIDGE DR #104
CORAL SPRINGS, FL 33071**



04062008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
03-0532479

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

UN0000889000
04/22/08-80036-008.61.25

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	OVIDO, 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

**DO NOT WRITE
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

4/1/08

Date

954-246-2559

Daytime Phone #