FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1995 JUN 20 PM 2:33

DOCUMENT # F93000002741 (7)

1. Corporation Name
WOMEN'S FEDERATION FOR WORLD PEACE

200001518362
-06/21/95--01031--016
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DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
701 N.E. 137th St. North Miami, Fl 33161	701 N.E. 137th St. North Miami, Fl 33161

3. Date Incorporated or Qualified: 05/26/1993
3a. Date of Last Report:
4. FEI Number: 13-3712630 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MIYAZAKI CAROL A
701 N.E. 137 th St.
North Miami, Fl 33161

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C/D/P	11 TITLE	☐ Change ☐ Addition
NAME	SPURGIN NORA MRS.	12 NAME	
STREET ADDRESS	406 Carmarthen Court	13 STREET ADDRESS	
CITY-ST-ZIP	Exton PA 19341	14 CITY-ST-ZIP	
TITLE	V/C/D	21 TITLE	☐ Change ☐ Addition
NAME	JONES ELIZABETH MRS.	22 NAME	
STREET ADDRESS	5 Budd Lane	23 STREET ADDRESS	
CITY-ST-ZIP	East Greenbush NY 12061	24 CITY-ST-ZIP	
TITLE	V/P	31 TITLE	☐ Change ☐ Addition
NAME	Jones Elizabeth Mrs.	32 NAME	
STREET ADDRESS	5 Budd Lane	33 STREET ADDRESS	
CITY-ST-ZIP	East Greenbush NY 12061	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	MATHERS LYNN MRS.	42 NAME	
STREET ADDRESS	4 West 43rd St.	43 STREET ADDRESS	
CITY-ST-ZIP	New York NY 10036	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	ALLEN KAYE MRS.	52 NAME	
STREET ADDRESS	4 West 43rd St.	53 STREET ADDRESS	
CITY-ST-ZIP	New York NY 10036	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	KOBYASHI M.	62 NAME	
STREET ADDRESS	4 West 43rd St.	63 STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10036	64 CITY-ST-ZIP	SCC 6-20-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, added or on an attachment with an address.

SIGNATURE: Kaye Allen Treasurer KAYE ALLEN June 10 1995 (212) 719 4950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #