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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

plivision of corporations

1996

DOCUMENT # F9300002741 (7)

WOMENIC	FEDERATION	FOR	WORLD	PEACE.	INC.
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Mailing Address Principal Place of Business 701 NE 137 ST. 701 NE 137 ST. NORTH MIAMI FL 33161 NORTH MIAMI FL 33161 3a. Date of Last Report 3. Date Incorporated or Qualified 06/20/1995 05/26/1993 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 13-3712630 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Country Zφ ☐ Yes ☐ No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MIYAZAKI, CAROL A Street Address (P.O. Box Number is Not Acceptable) 82 701 N.E. 137TH ST. NORTH MIAMI FL 33161 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registored agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 THTLE TITLE SPURGIN, NORA MRS. 1.2 NAME NAME **406 CARMARTHEN COURT** 1.3 STREET ADDRESS STREET ADDRESS **EXTON PA 19341** 1.4 CITY-ST-ZIP CITY - ST - ZIP ☐ Addition Cnange VCD DELETE 2.1 TITLE TITLE Jones, Elizabeth MRS. 22 NAME MARAF **5 BUDD LANE** 2 3 STREET ADDRESS STREET ADDRESS EAST GREENBUSH NY 12061 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE JONES, ELIZABETH MRS. 3.2 NAME NAME **5 BUDD LANE** 3.3 STREET ADDRESS STREET ADDRESS EAST GREENBUSH NY 12061 34 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE MATHERS, LYNN MRS. 4. 2 NAME NAME 4 WEST 43RD ST. 4.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY 10036** 4 4 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition DELETE 51 TITLE TITLE ALLEN, KAYE MRS. 52 NAME NAME 4 WEST 43RD ST. **53 STREET ADDRESS** STREET ADDRESS **NEW YORK NY 10036** 54 CITY-ST-ZIP CITY - ST - ZIP ☐ Change ■ Addition DELETE 6.1 TITLE TITLE KOBYASHI, M. 6.2 NAME NAME 4 WEST 43RD ST. 6.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY 10036** 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. To 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)(k), 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 receive 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PAIL TED NAME OF SIGNING OFFICER OR DIRECTOR

May 10 1996

(212) 719 4980

CR2E037 (12/95)