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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000002741

1. Corporation Name

WOMEN'S FEDERATION FOR WORLD PEACE, INC.

Principal Place of Business

701 NE 137 ST.  
NORTH MIAMI FL 33161

Mailing Address

701 NE 137 ST.  
NORTH MIAMI FL 33161



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

21 12310 NE 11<sup>th</sup> Ct.

26 12310 NE 11<sup>th</sup> Ct.

05/26/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
13-3712630

Applied For  
Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 N. Miami FL

28 N. Miami, FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 33161 25 USA

29 33161 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIYAZAKI, CAROL A  
701 N.E. 137TH ST.  
NORTH MIAMI FL 33161

81 Name Masuyama, Barbara  
82 Street Address (P.O. Box Number is Not Acceptable)  
12310 NE 11<sup>th</sup> Ct.  
83 N. Miami, FL  
84 City FL 85 Zip Code 33161

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 617.0502, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CDP  
NAME SPURGIN, NORA MRS.  
STREET ADDRESS 406 CARMARTHEN COURT  
CITY-ST-ZIP EXTON PA 19341

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VCD  
NAME JONES, ELIZABETH MRS.  
STREET ADDRESS 5 BUDD LANE  
CITY-ST-ZIP EAST GREENBUSH NY 12061

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VP  
NAME JONES, ELIZABETH MRS.  
STREET ADDRESS 5 BUDD LANE  
CITY-ST-ZIP EAST GREENBUSH NY 12061

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE S  
NAME MATHERS, LYNN MRS.  
STREET ADDRESS 4 WEST 43RD ST.  
CITY-ST-ZIP NEW YORK NY 10036

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T  
NAME ALLEN, KAYE MRS.  
STREET ADDRESS 4 WEST 43RD ST.  
CITY-ST-ZIP NEW YORK NY 10036

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME KOBAYASHI, M.  
STREET ADDRESS 4 WEST 43RD ST.  
CITY-ST-ZIP NEW YORK NY 10036

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 of 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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

July 12 1999 (212) 719 4980

CR2E037 (11/98)