


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90045 019 \*\*\*\*61.25

<b>DOCUMENT # F94000005841</b> 1. Entity Name <b>INNOVATING WORTHY PROJECTS FOUNDATION, INC.</b>					
Principal Place of Business <b>LAKEVIEW CORPORATE CENTER 6415 LAKE ROAD SUITE 208 GREENACRES CITY FL 33463</b>				Mailing Address <b>LAKEVIEW CORPORATE CENTER 6415 LAKE ROAD SUITE 208 GREENACRES CITY FL 33463</b>	
2. Principal Place of Business <b>6793 Treves Way</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 740220</b> Suite, Apt. #, etc.			
City & State <b>Boynton Beach, FL</b>		City & State <b>Boynton Beach, FL</b>		4. FEI Number <b>22-6083636</b>	
Zip <b>33437</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PACKER, ESTELLE LAKEVIEW CORPORATE CENTER 6415 LAKE WORTH ROAD, SUITE 208 GREENACRES CITY FL 33463</b>				7. Name and Address of New Registered Agent Name <b>Packer, Estelle</b> Street Address (P.O. Box Number is Not Acceptable) <b>6793 Treves Way</b> City <b>Boynton Beach</b> <b>FL</b> Zip Code <b>33437</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>WEISS, STEPHEN P</b> <b>2000 MARKET STREET, 10TH FL</b> <b>PHILADELPHIA PA 19103-3291</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TT</b> <b>CULBERTSON, RICHARD W JR</b> <b>601 WHITE HORSE ROAD</b> <b>VOORHEES NJ</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Voorhees, NJ 08043-2493</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CRABTREE, DAVID E</b> <b>26 COOLIDGE AVENUE</b> <b>WEST CALDWELL NJ 07006</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Packer, Howard</b> <b>4045 Sheridan Avenue, #296</b> <b>Miami Beach, FL 33140</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PACKER, EDWARD D.O.</b> <b>528 NE 8TH AVENUE</b> <b>FORT LAUDERDALE FL 33301</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TVC</b> <b>PACKER, ESTELLE</b> <b>8712 ROTHBURY LANE</b> <b>BOYNTON BEACH FL 33437</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TC</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TC</b> <b>PACKER, JEFFREY</b> <b>5057 E. BERYL AVENUE</b> <b>PARADISE VALLEY AZ 85253</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>T</b>	
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.					
<b>SIGNATURE:</b> <u>Estelle Packer</u> <span style="float: right;">2/18/04 301369-1050</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					