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FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000005915 (0)

1. Corporation Name

FAMILY FEDERATION FOR WORLD PEACE AND UNIFICATION INC.

Principal Place of Business

Mailing Address

1120 AVENUE OF THE AMERICAS, STE 1029
NEW YORK NY 10036

1120 AVENUE OF THE AMERICAS, STE 1029
NEW YORK NY 10036



3. Date Incorporated or Qualified

11/07/1997

4. FEI Number

13-3842116

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIYAZAKI, CAROL A
701 NE 137TH STREET
N MIAMI FL 33161

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 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.

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

TITLE PCD
NAME JONES, FARLEY
STREET ADDRESS JONES BLDG, 28 SECOND FLOOR
CITY-ST-ZIP TROY MI

☐ DELETE

TITLE VS
NAME MATOS, VICTOR
STREET ADDRESS 4 WEST 43RD STREET
CITY-ST-ZIP NEW YORK NY

☐ DELETE

TITLE T
NAME LARSON, MAGNUS
STREET ADDRESS 4 WEST 43RD STREET
CITY-ST-ZIP NEW YORK NY

☐ DELETE

TITLE D
NAME HENDRICKS, TYLER O
STREET ADDRESS 4 WEST 43RD STREET
CITY-ST-ZIP NEW YORK NY

☐ DELETE

TITLE D
NAME SPURGIN, NORA
STREET ADDRESS 401 5TH AVE, STE 217
CITY-ST-ZIP NEW YORK NY

☐ DELETE

TITLE D
NAME SMITH, MICHAEL
STREET ADDRESS 7777 LEESBURG PIKE, STE 304 N
CITY-ST-ZIP FALLS CHURCH VA

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 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:

Magnus Larson

(712) 997 2362

CFR2E037 (10/97)