

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90010 018 ****70.00

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1. Corporation Name

FAMILY FEDERATION FOR WORLD PEACE AND UNIFICATION INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 **1120 Avenue of Americas**

Suite, Apt. #, etc.

22 **Suite 1029**

City & State

23 **New York New York**

Zip

24 **10036**

Country

25 **U.S.A.**

2a. Mailing Address

26 **1120 Avenue of Americas**

Suite, Apt. #, etc.

27 **Suite 1029**

City & State

28 **New York New York**

Zip

29 **10036**

Country

30 **USA**

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

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MIYAZAKI, CAROL A
701 NE 137TH STREET
N 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 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 ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 28th 1999 (212) 997 2362
Date Daytime Phone #

CR2E037 (11/98)