

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90208 020 ****61.25

DOCUMENT # F98000006407

1. Corporation Name

PEACE RESEARCH FOUNDATION, INC.

Principal Place of Business

225 CROSSROADS #145
CARMEL CA 93923

Mailing Address

225 CROSSROADS #145
CARMEL CA 93923

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/23/1998

4. FEI Number

77-0374934

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐Trust Fund Contribution **\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

TCHIVIDJIAN, ANGHEL
1350 E. SUNRISE BLVD., SUITE 128
FT. LAUDERDALE FL 33304

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

4-29-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME
PC
TYLER, ROBERT R
STREET ADDRESS
225 CROSSROADS #145
CITY-ST-ZIP
CARMEL CA 93923TITLE ☒ DELETENAME
STV
BLOCH, SUZANNE
STREET ADDRESS
1924 DISCOVERY CIRCLE EAST
CITY-ST-ZIP
POMPANO BEACH FL 33064TITLE ☐ DELETENAME
D
BERGER, ERIC
STREET ADDRESS
96 MAPLEFIELD
CITY-ST-ZIP
PLEASANT RIDGE MI 48069TITLE ☐ DELETENAME
D
ERICKSON, BRUCE
STREET ADDRESS
3209 SERRA AVE.
CITY-ST-ZIP
CARMEL CA 93923TITLE ☐ DELETENAME
ST
DOROTHEA G. VELA
STREET ADDRESS
3250 PALM AIRE DR.
CITY-ST-ZIP
N. POMPANO BEACH, FL. 33069TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E037 (11/98)