

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000007194

1. Entity Name
WORLD-AMERICAN RELIEF SOCIETY, INC.



Principal Place of Business
**7443 OAK TREE LANE
SPRING HILL, FL 34607**

Mailing Address
**7443 OAK TREE LANE
SPRING HILL, FL 34607**



01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2298387

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AUGELLO, AGNES
5350 SPRINGHILL DRIVE
SPRING HILL, FL 34606**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

U000000142960
04/30/04-80072-015 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINGH, PARIKSITH 7443 OAK TREE LANE SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCUNZIANO-SINGH, MARIA 7443 OAK TREE LANE SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUGELLO, AGNES 7443 OAK TREE LANE SPRING HILL, FL 34607
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PARIKSITH SINGH

Date

Daytime Phone #

(352) 688-8116