

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N02161 (0)

1. Corporation Name

THE WORD OF PEACE, INC.



Principal Place of Business

Mailing Address

2101 BAYBERRY DRIVE
APT. P-13
PEMBROKE PINES FL 33024
US

2101 BAYBERRY DRIVE
APT. P-13
PEMBROKE PINES FL 33024
US

3. Date Incorporated or Qualified **03/23/1984** 3a. Date of Last Report **04/26/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number **59-2825777** Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **No Apt Number**

27 **No Apt Number**

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

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 24 25 29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NORRIS, JOHN W., II
2101 BAYBERRY DRIVE
SUITE P-13
PEMBROKE PINES FL 33024

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **No Suite P-13**
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, JOHN W II	1.2 NAME	
STREET ADDRESS	2101 BAYBERRY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, GREG	2.2 NAME	
STREET ADDRESS	5700 NW 202 ST LOT J12	2.3 STREET ADDRESS	x 10781 Cleary Blvd Apt 204
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	x Plantation, FL 33324
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, DAYLE	3.2 NAME	D NORRIS P MARIE
STREET ADDRESS	2819 ALCAZAR DRIVE	3.3 STREET ADDRESS	2101 Bayberry Drive
CITY-ST-ZIP	MIRAMAR FL	3.4 CITY-ST-ZIP	Pembroke Pines, FL 33024
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	000001839960
STREET ADDRESS		5.3 STREET ADDRESS	-05/28/96--01016--005
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *x John W. Norris II*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. NORRIS

x 4/22/96

Date

x (954) 437-2949

Daytime Phone #

CR2E037 (12/95)