


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90344 029 ****61.25

DOCUMENT # N04000011750

1. Entity Name
CHARITY WORLD, INC.



Principal Place of Business
**341 MONTEGO ST.
 DELTONA, FL 32725**

Mailing Address
**341 MONTEGO ST.
 DELTONA, FL 32725**

50040448



2. Principal Place of Business
341 Montego St
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04042005 Chg-NP CR2E037 (10/03)

City & State
Deltona, FL

City & State

4. FEI Number
36-4571226

Applied For
 Not Applicable

Zip
32725

Country
USA

Zip
32725

Country

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

6. Name and Address of Current Registered Agent

**LUSK, ROSELLA
 341 MONTEGO ST.
 DELTONA, FL 32725**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2005**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	LUSK, RONNY W	
STREET ADDRESS	341 MONTEGO ST.	
CITY-ST-ZIP	DELTONA, FL 32725	
TITLE	V	<input type="checkbox"/> Delete
NAME	LUSK, ROSELLA A	
STREET ADDRESS	341 MONTEGO ST.	
CITY-ST-ZIP	DELTONA, FL 32725	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Rosella A. Lusk*

4-15-05 *386-574-4942*

Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR