

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003725

FILED
Apr 11, 2006
Secretary of State

Entity Name: PROTECT OUR WORLD, INC.

Current Principal Place of Business:

PO BOX 15853
SARASOTA, FL 342771853

New Principal Place of Business:

Current Mailing Address:

PO BOX 15853
SARASOTA, FL 342771853

New Mailing Address:

FEI Number: 30-0315608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASON, ANN
2290 CLEMATIS STREET
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRPSS, CHERYL
Address: 4086 TERN ST
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: ROSENTHAL, ED
Address: 1523 EDGER PLACE
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: HARDING, JUDY
Address: 2201 PINE VIEW CIRCLE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: MASON, ANN
Address: 2290 CLEMATIS ST
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: HARDING, RALPH
Address: 2201 PINE VIEW CIRCLE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: GABRIEL, SALLY
Address: 417 BAYSIDE LANE
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOTZ, ASHLEY
Address: PO BOX 1302
City-St-Zip: MONTICELLO, FL 32345

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SIMMONS, RICHARD
Address: PO BOX 1362
City-St-Zip: MONTICELLO, FL 32345

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL GROSS

D

04/11/2006

Electronic Signature of Signing Officer or Director

Date