

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10567

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: WORLD HEALTH ASSOCIATION, INC.

**Current Principal Place of Business:**

2887 LAKE WORTH RD  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 7258  
LAKE WORTH, FL 334667258 US

**New Mailing Address:**

FEI Number: 59-2558652

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RODRIGUEZ, GLORIA  
1277 STALLION DR  
LOXAHATCHEE, FL 33470

**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: PD (X) Delete  
Name: RAMOS, BENEDICT J  
Address: 1277 STALLION DR  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: ST ( ) Delete  
Name: RODRIGUEZ, GLORIA,  
Address: 1277 STALLION DR  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VD ( ) Delete  
Name: AKYEAMPONG, KWABENA  
Address: 1277 STALLION DR  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: SD ( ) Delete  
Name: CIOFALO, FRANKLIN  
Address: 1277 STALLION DR  
City-St-Zip: LOXAHATCHEE, FL 33470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 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 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: GLORIA RODRIGUEZ

ST

04/29/2004

Electronic Signature of Signing Officer or Director

Date