

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90014 002 ****70.00

DOCUMENT # N10567

1. Entity Name

WORLD HEALTH ASSOCIATION, INC.



Principal Place of Business

2887 LAKE WORTH RD
LAKE WORTH FL 33461

Mailing Address

P. O. BOX 7258
LAKE WORTH FL 33466-7258
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2558652

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, GLORIA
1277 STALLION DR
LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent

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

1277 STALLION DR.

City Loxahatchee

FL

Zip Code 33470

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE PD ☐ Delete
NAME RAMOS, BENEDICT J
STREET ADDRESS 1277 STALLION DR
CITY-STATE-ZIP LOXAHATCHEE FL 33470

TITLE VD ☐ Delete
NAME AKYEAMPONG, KWABENA
STREET ADDRESS 1277 STALLION DR
CITY-STATE-ZIP LOXAHATCHEE FL 33470

TITLE SD ☐ Delete
NAME CIOFALO, FRANKLIN
STREET ADDRESS 1277 STALLION DR
CITY-STATE-ZIP LOXAHATCHEE FL 33470

TITLE ST ☒ Delete
NAME RODRIGUEZ, GLORIA
STREET ADDRESS 1277 STALLION DR.
CITY-STATE-ZIP LOXAHATCHEE FL 33470

TITLE ST ☐ Delete
NAME DIANA BESHARA
STREET ADDRESS 1277 STALLION DR
CITY-STATE-ZIP LOXAHATCHEE, FL 33470

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Benedict J Ramos

03/16/07