

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 # N14036 (0)

1. Corporation Name

THE RADIANT PEACE FOUNDATION, INC.



Principal Place of Business

5613 67TH AVENUE N.
PINELLAS PARK FL 34665

Mailing Address

PO BOX 41096
ST. PETERSBURG FL 33743

3. Date Incorporated or Qualified

03/21/1986

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2757869

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

ROSE, MARALYN
5613 67TH AVENUE N.
PINELLAS PARK FL 34665

81 Name

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

83

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	DVP	<input type="checkbox"/> DELETE
NAME	LENEL, KATHERINE	
STREET ADDRESS	7725 SW 8TH APT 325	
CITY - ST - ZIP	MIAMI FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	SIERRA, DEMETER	
STREET ADDRESS	PO BOX 8777 N A	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ROSE, MARALYN	
STREET ADDRESS	5613 67TH AVE. N.	
CITY - ST - ZIP	PINELLAS PARK FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CRYSTAL, SIERRA	
STREET ADDRESS	9000 COMMODORE DRIVE #207	
CITY - ST - ZIP	SEMINOLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAVRAN, LAURIE	
STREET ADDRESS	4023 BEARD AVENUE S	
CITY - ST - ZIP	MINNEAPOLIS MN	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	SHAY SHOSHANA	
STREET ADDRESS	856 SUMMIT GROVE-AREA	
CITY - ST - ZIP	BRYN MAWR PA	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BARBARA RAY	
1.3 STREET ADDRESS	PO BOX 86276 NYA	
1.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33738	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NANCY SCHUBERT	
2.3 STREET ADDRESS	7120 NW 11th PLACE	
2.4 CITY - ST - ZIP	PLANTATION, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	856 Summit Grove Ave.	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/96 (813) 392-1922

CR2E037 (12/95)