

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90090 008 ****70.00

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DOCUMENT # N16668

1. Corporation Name

WRMF, INC.

Principal Place of Business

C/O DOUGLAS C. PETERS
1065 GARDEN OF THE GODS ROAD
COLORADO SPRING CO 80907-3405
US

Mailing Address

C/O DOUGLAS C. PETERS
P.O. BOX 39800
COLORADO SPRINGS CO 80949-9800
US

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/05/1986

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0056817Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MR. CHARLES MORGAN, JR.
1300 N.W. 167 ST.
MIAMI FL 33169

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 **PD** ☐ DELETENAME **CLINE, RONALD A.**
STREET ADDRESS **884 CALLE VILLALENGUA**
CITY-ST-ZIP **QUITO, ECUADOR**1.1 TITLE ☐ Change ☐ AdditionTITLE **SD** ☐ DELETE
NAME **PETERS, DOUGLAS C.**
STREET ADDRESS **1065 GARDEN OF THE GODS ROAD**
CITY-ST-ZIP **COLORADO SPRINGS CO 05**1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETENAME **MCCLOUD, DWITE M.**
STREET ADDRESS **1065 GARDEN OF THE GODS RD.**
CITY-ST-ZIP **COLORADO SPRINGS CO 05**2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETENAME **CUMMINGS, BENNY R.**
STREET ADDRESS **1065 GARDEN OF THE GODS ROAD**
CITY-ST-ZIP **COLORADO SPRINGS CO 05**3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Douglas C. Peters

January 15, 1999

719/590-9800

Date

Daytime Phone #

CR2E037 (11/98)

14. 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 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, with all other like empowered.