# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 11 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46924** (9)

1. Corporation Name

**WORLD WIDE NATURECARE SOCIETY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| POST OFFICE BOX 39844<br>~~FT. LAUDERDALE FL 33339~~<br>US | POST OFFICE BOX 39844<br>~~FT. LAUDERDALE FL 33339~~<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1991
3a. Date of Last Report: 05/20/1994
4. FEI Number: 65-0297103 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business
21: 300 S. DUNCAN AVE.
Suite, Apt. #, etc.
22: 292
City & State
23: CLEARWATER, FL.
Zip
24: 34615
Country
25: PINELLAS

2a. Mailing Address
26: SAME
Suite, Apt. #, etc.
27:
City & State
28:
Zip
29:
Country
30:

5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

BLODIG, GREGORY J.
1630 N FEDERAL HWY.
FT. LAUDERDALE FL 33307

**10. Name and Address of New Registered Agent**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☒ Change ☐ Addition |
| NAME | CAPUTI, JOHN C. | 12 NAME | |
| STREET ADDRESS | ~~5403 NE 22ND TERR~~ | 13 STREET ADDRESS | 1980 TAHITIAN PL. # 34 |
| CITY ST ZIP | ~~FT LAUDERDALE FL~~ | 14 CITY ST ZIP | DUNEDIN, FL. 34698 |
| TITLE | VD | 21 TITLE | ☒ Change ☐ Addition |
| NAME | CAPUTI, STEPHEN J. | 22 NAME | |
| STREET ADDRESS | ~~5403 NE 22ND TERR~~ | 23 STREET ADDRESS | P.O. BOX 39844 |
| CITY ST ZIP | FT LAUDERDALE FL | 24 CITY ST ZIP | FT. LAUDERDALE, FL. 33339 |
| TITLE | STD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | HUBBARD, JANET | 32 NAME | |
| STREET ADDRESS | ~~1712 LUCAS DR~~ | 33 STREET ADDRESS | 2073 CHURCH CREEK PT. |
| CITY ST ZIP | ~~CLEARWATER FL~~ | 34 CITY ST ZIP | LARGO, FL. 34644 |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 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)(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 added on an attachment with an address.

**SIGNATURE:** John C. Caputi, PRES. — 5/9/95 (Date) — 813-447-4887 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR

0047824