

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N46924** (9)

1. Corporation Name

WORLD WIDE NATURECARE SOCIETY, INC.



Principal Place of Business

300 S. DUNCAN AVE
STE. 202
CLEARWATER FL 34615
US

Mailing Address

P.O. BOX 39844
FT. LAUDERDALE FL 33339

3. Date Incorporated or Qualified
11/12/1991

3a. Date of Last Report
05/11/1995

2. Principal Place of Business

21 **1980 TAHITIAN PLACE**

2a. Mailing Address

26 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.
34

23 City & State

DUNEDIN FL.

28 City & State

24 Zip **34698** 25 Country

29 Zip Country 30

4. FEI Number
65-0297103

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

**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 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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **CAPUTI, JOHN C.**
STREET ADDRESS **1980 TAHITIAN PL. #34**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **VD** ☐ DELETE
NAME **CAPUTI, STEPHEN J.**
STREET ADDRESS **P.O. BOX 39844**
CITY-ST-ZIP **FT LAUDERDALE FL 33339**

TITLE **STD** ☐ DELETE
NAME **HUBBARD, JANET**
STREET ADDRESS **2073 CHURCH CREEK PT.**
CITY-ST-ZIP **LARGO FL 34644**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

**3164 LA MIRAGE
LAUDERHILL, FL. 33319**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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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 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:

John C. Caputi, PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/96

813-734-2603

CR2E037 (12/95)