

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N49211 (8)

1. Corporation Name

WORLD PEACE FOUNDATION, INC.

Principal Place of Business

8602 BRANCH AVENUE
TAMPA FL 33604-1405

Mailing Address

8602 BRANCH AVENUE
TAMPA FL 33604-1405



3. Date Incorporated or Qualified
06/01/1992

3a. Date of Last Report
04/24/1995

2. Principal Place of Business
21 Same As Above

2a. Mailing Address
26 Same As Above

4. FEI Number
59-3226656

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State

28 City & State

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

24 Zip

Country

29 Zip

Country

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

9. Name and Address of Current Registered Agent

WHEELER, DEBBIE
10109 ENCHANTED OAKS
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name C. Aaron Moore
82 Street Address (P.O. Box Number is Not Acceptable)
8602 BRANCH AVENUE
83
84 City TAMPA, FL 85 Zip Code 33604

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

C. Aaron Moore

C. Aaron Moore

5/30/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT
NAME SYNDEMANN, MARY L.
STREET ADDRESS 416 HAYES STREET
CITY-ST-ZIP LUTZ FL ☒ DELETE

TITLE VD
NAME BYRAN, NOVA
STREET ADDRESS 3211 SWANN AVE. 703
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE TT
NAME DIXON, GLORIA D
STREET ADDRESS 8421 N. 17TH ST 'A'
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE SD
NAME WHEELER, DEBBIE
STREET ADDRESS 10109 ENCHANTED OAKS
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE D
NAME LEPARD, KATHRYN
STREET ADDRESS 414 WEST ROSS AVE.
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE D
NAME SPIVA, MIRIAM
STREET ADDRESS 5402 BRUSH CREEK
CITY-ST-ZIP TAMPA FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.C.M.
1.2 NAME C. Aaron Moore
1.3 STREET ADDRESS 8602 BRANCH AVENUE
1.4 CITY-ST-ZIP TAMPA, FL. 33604 ☒ Change ☒ Addition

2.1 TITLE V.P.
2.2 NAME NOVA BERYL BRYAN
2.3 STREET ADDRESS 3211 SWANN AVE. #703
2.4 CITY-ST-ZIP TAMPA, FL. 33609 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME MARY G. CANNON
3.3 STREET ADDRESS 8602 BRANCH AVENUE
3.4 CITY-ST-ZIP TAMPA, FL. 33604 ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME JAY S. POWELL
4.3 STREET ADDRESS 5704 WILSON DRIVE
4.4 CITY-ST-ZIP BAKERSFIELD, CA 93304 ☐ Change ☐ Addition

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

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

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:

C. Aaron Moore

5/30/96 (813) 935-4953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (3/96)