## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49211

(8)

2a. Mailing Address

City & State

Suite, Apt. #, etc.

WORLD PEACE FOUNDATION, INC.

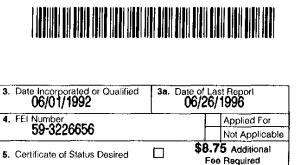
8602 BRANCH AVENUE	8602 BRANCH AVENUE	
Principal Place of Business	Mailing Address	

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27

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## FILED Jun 26 1997 8:00am Secretary of State



\$5.00 May Be

Added to Fees

6. Election Campaign Financing

Trust Fund Contribution

٦'	Zip 	25 Country	29 ZIP	30	ntry	Itry  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				
					81	B1 Name			
MOORE, AARON C 8802 BRANCH AVENUE TAMPA FL 33815			82	2 Street Address (P.O. Box Number is Not Acceptable)					
		[ •	83	33					
					B4	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.

ayent re	an aming with, and accept the obligations of,	3600001 017.0303, FI	orida statutes.			
SIGNATURE	Signature, typed or printed name of registered agent and tille if	apolicable (NO)	E: Registered Agent signature requir	ed when reinstation)	DATE	
12.	OFFICERS AND DIRECT	<del></del>	13.			
TITLE	PCM	DELETE	1.1 TITLE		Change	Addition
NAME	MOORE, AARON C		1.2 NAME			
STREET ADDRESS	8802 BRANCH AVENUE		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP			
TITLE	VIS	DELETE	2.1 TITLE		Change	Addition
NAME	BRYAN, NOVA BEXLEY	<del>_</del>	2.2 NAME			_
STREET ADDRESS	3211 SWANN AVE. 703		2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-ST-ZIP			
TITLE	0	DELETE	3.1 TITLE		Change	Addition
NAME	CANNON, MARY G	<del></del>	3.2 NAME			
STREET ADDRESS	8602 BRANCH AVENUE		3 3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		3.4. CITY-ST-ZIP			
TITLE	D	DELETE	4.1 TITLE	<del></del>	Change	Addition
NAME	POWELL, JAY S		4. 2 NAME			
STREET ADDRESS	5704 WALTON DRIVE		4.3 STREET ADDRESS			
CITY-ST-ZIP	BAKERSFIELD CA					
TITLE	DIVIDITIES ON	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME		Criange	
STREET ADDRESS			5.3 STREET ADDRESS			•
	1					
CITY-ST-ZIP	<u> </u>	DELETE	5.4 CITY-ST-ZIP		Change	Addition
TITLE			6.1 TITLE		triange	□ Magnath .
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY. CT. 34D	T .		EACITY OF 310			

14. I do 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 Blook 12 or Block 13 if changed, or of so attackment with an address.