## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1000						
DOCUMENT # N49211 (8)							
WORLD PEACE FOUNDATION, INC.							
,,,,,,,					# #00/2/01 OIY #10/0 10/20 1/00/ #10/0 1/00	<b>                                    </b>	
Orlanda (Ora	on of Business	Malling Address				ii didii didii didii d	
Principal Place of Business Mailing Address							
8602 Branch Avenue					3. Date Incorporated or Qualified		
TOMES IL SO	W4-1403	COMITA I E SOUCE ITUS			06/01/1992		
					4. FEI Number 59-3226656	<del></del>	pplied For ot Applicable
2. Principal	Place of Business	2a. Mailing Address					Additional
26					5. Certificate of Status Desired	<b>+</b>	equired
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing	\$5.00	
22   27				<del></del>	Trust Fund Contribution	Added to	
23	28				7. Is this nonprofit corporation a homeov		ın?
Zip	Country	Zip	Country	·	8. This corporation owes or has paid the		tangible
24	25	3	10		Personal Property Tax due June 30.		No
	9. Name and Address of Cur	rent Registered Agent		T	10. Name and Address of New Register	ed Agent	
			61	Name	,		
MOORE, AARON C			62	Street	t Address (P.O. Box Number is Not Acceptable)		
8602 BRANCH AVENUE			83	ļ			
TAMPA FL 33615							
			84	City		85 Zip	Code
11. Pursuan	to the provisions of Sections 617.0	0502 and 617.1508, Florida Statutes	, the above	e-named			ts registered
office or agent. I	registered agent, or both, in the St. am familiar with, and accept the ob-	ate of Florida. Such change was au ligations of, Section 617,0503, Flori	thorized by da Statute	y the cor s.	d corporation submits this statement for the purpos rporation's board of directors. I hereby accept the	appointment as	registered
SIGNATURE							
	Signature, typed or printed name of registered			eni signaturi	re required when reinstaling) DAT  ADDITIONS/CHANGES TO OFFICERS		20 (1) (40
12.			13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
NAME	MOORE, AARON C		1.2 NAME				
STREET ADDRESS	8602 BRANCH AVENUE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	74404 61		1.4 CITY-ST-ZIP				
TITLE	VTS DELETE 2		2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS	T4404 C		2.3 STREET	ADDRESS			
CITY-ST-ZIP	B Deciere		2. 4 CITY - 1		I carried to an a hard who	1000	Addition
TITLE	CANNON, MARY G		3.1 TITLE		MASTIVE ASSTAT, ASST. SE MARY CANDON MOORE 8602 BRANCH AVENUE TANGER CL. 37604	Change Change	Laz Adoltion
STREET ADDRESS	8602 BRANCH AVENUE		3.3 STREET ADDRESS		19602 REANCH AVENUE		
CITY-ST-ZIP	TAMPA FL		3.4 City-St-7/P		+ Anuar C1 . 33606		
TITLE	D DELETE 4:		4.1 TITLE	J1-211	7777	Change	☐ Addition
NAME	POWELL, JAY S		4. 2 NAME				
STREET ADDRESS	5704 WALTON DRIVE		4.3 STREET	ADORESS			
CITY-ST-ZIP	BAKERSFIELD CA		4.4 CITY - S	T-ZIP			
TITLE		DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME			oc	2/3/98
STREET ADDRESS			5.3 STREET		Į.	<i>\</i> 8	11/18.
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S 6.1 TITLE	I - ZIP		Change	Addition
NAME		- Dreet	6.2 NAME		9000024265	569	ridologii
STREET ADDRESS			6.3 STREET	ADDRESS	-02/10/9801037	032	

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 or in attachment with an address.

SIGNATURE:

1/260(8/3) 92C49CZ

\*\*\*70.00

**FILED** 

Feb 09 1998 8:00am

Secretary of State