SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $238.25).

FILED
99 AUG -4 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**NONPROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # N49211**

1. Corporation Name
WORLD PEACE FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 8602 BRANCH AVENUE<br>TAMPA FL 33604-1405<br>Address change<br>410 Broxburn Avenue<br>Temple Terrace, FL 33617 | 8602 BRANCH AVENUE<br>TAMPA FL 33604-1405<br>Address change<br>410 Broxburn Avenue<br>Temple Terrace, FL 33617 |

02-22-99 90008 029 $70.00

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
|---|---|---|
| 21 410 Broxburn Avenue | 26 410 Broxburn Avenue | 06/01/1992 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | 4. FEI Number: 59-3226656 — Applied For ☐ Not Applicable ☐ |
| 23 City & State: Temple Terrace, FL | 28 City & State: Temple Terrace FL | 5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required |
| 24 Zip: 33617 25 Country: USA | 29 Zip: 33617 30 Country: USA | 6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| MOORE, AARON C<br>8602 BRANCH AVENUE<br>TAMPA FL 33615<br>Address change<br>410 Broxburn Ave<br>Temple Terrace, FL<br>33617 | 81 Name: C. Aaron Moore [address change]<br>82 Street Address (P.O. Box Number is Not Acceptable): 410 Broxburn Avenue<br>83<br>84 City: Temple Terrace, FL 85 Zip Code: 33617 |

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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PCM<br>MOORE, AARON C<br>8602 BRANCH AVENUE<br>TAMPA FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | PCM D<br>Moore C. Aaron<br>410 Broxburn Avenue<br>Temple Terrace, FL. 33617 | ☐ Change ☐ Addition<br>Address change |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~VPS~~<br>~~BRYAN, NOVA BEXLEY~~<br>~~3211 GWANN AVE. 709~~<br>~~TAMPA FL~~ | ☑ DELETE<br>Delete | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPTS<br>CANNON, MARY G<br>8602 BRANCH AVENUE<br>TAMPA FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | V PTS<br>Moore Mary Cannon (Name & Last<br>410 Broxburn Avenue<br>Temple Terrace, FL 33617 | ☐ Change ☐ Addition<br>Name change |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>POWELL, JAY S<br>5704 WALTON DRIVE<br>BAKERSFIELD CA | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | D<br>~~Powell~~ Powell, Jay S.<br>5704 Walton Drive<br>Bakersfield, CA 93304 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | AR 8/4 | ☐ Change ☐ Addition |

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 on an attachment with an address, with all other like empowered.

SIGNATURE: C. Aaron Moore PCM C. AARON Moore 7/6/99 (813) 935-4953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date/Area Code & Phone #