


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90019 009 ****61.25

DOCUMENT # N95000000966	
1. Entity Name ONE WORLD FOUNDATION, INC.	

Principal Place of Business 830-13 A1A NORTH #321 PONTE VEDRA BEACH, FL 32082 US	Mailing Address 830-13 A1A NORTH #321 PONTE VEDRA BEACH, FL 32082 US
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44028242



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04102004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3326436	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCQUIGGAN, JOHN H			NAME			
STREET ADDRESS	150 JORALEMON STREET # 11-B			STREET ADDRESS			
CITY-ST-ZIP	BROOKLYN, NY 11201			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TANNAHILL, SAMUEL B			NAME			
STREET ADDRESS	VILLA LAPAGANE 8 RUE GABRIEL			STREET ADDRESS			
CITY-ST-ZIP	LA GAVDE FRANCE, 06610			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	MARX, MARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KINGHORN, GEORGE			NAME	181 CROSCOVES CIRCLE		
STREET ADDRESS	1089 CHERRY ST.			STREET ADDRESS	PONTE VEDRA BEACH, FL 32082		
CITY-ST-ZIP	JACKSONVILLE, FL 32205			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCLUCAS, W S			NAME			
STREET ADDRESS	BOX #307 830-13 A1A NORTH			STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCLUCAS, NANCY M			NAME			
STREET ADDRESS	BOX #307 830-13 A1A NORTH			STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. Scott McLucas **W. SCOTT MCLUCAS** 904-280-1032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date **04/10/04** Daytime Phone #