

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000000966

1. Entity Name

ONE WORLD FOUNDATION, INC.



Principal Place of Business

Mailing Address

830-13 A1A NORTH
#307
PONTE VEDRA FL 32082
US

830-13 A1A NORTH
#307
PONTE VEDRA FL 32082
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3326436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA RESEARCH & FILING SERVICES, INC.
1211 CIRCLE DR.
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS MCQUIGGAN, JOHN H
CITY-STATE-ZIP 150 JORALEMON STREET # 11-B
BROOKLYN NY 11201

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
U00000636319
02/26/07-80012-005 61.25

TITLE ☐ Delete
NAME VD
STREET ADDRESS TANNAHILL, SAMUEL B
CITY-STATE-ZIP VILLA LAPAGANE 8 RUE GABRIEL
LA GAVDE FRANCE 06610

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS MARX, MARY
CITY-STATE-ZIP 181 CROSS COVE CIRCLE
PONTE VEDRA BEACH FL 32082

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME P
STREET ADDRESS MCLUCAS, W S
CITY-STATE-ZIP BOX #307 830-13 A1A NORTH
PONTE VEDRA BEACH FL 32082

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME VD
STREET ADDRESS MCLUCAS, NANCY M
CITY-STATE-ZIP BOX #307 830-13 A1A NORTH
PONTE VEDRA BEACH FL 32082

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME REPE
STREET ADDRESS BRUN, CLAUDE
CITY-STATE-ZIP VILLA LAPAGANE 8 RUE GABRIEL
LA GAUDE FR 06610

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, 02/10/07, 904-273-9396