

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 05, 2011
Secretary of State

Entity Name: ONE WORLD FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3326436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP
Name: MIRON, DAVID A ED.D
Address: 3277 OLD BARN ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP
Name: TANNAHILL, SAMUEL B
Address: VILLA LAPAGANE 8 RUE GABRIEL
City-St-Zip: LA GAUDE, OC 06610 XX

Title: VP
Name: MARX, MARY
Address: 181 CROSS COVE CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P
Name: MCLUCAS, WALTER S
Address: 830-13 A1A NORTH, #307
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP
Name: MCLUCAS, NANCY M
Address: 830-13 A1A NORTH, #307
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: REPE
Name: BRUN, CLAUDE
Address: VILLA LAPAGANE 8 RUE GABRIEL
City-St-Zip: LA GAUDE, OC 06610 XX

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WALTER S MCLUCAS

PRES

01/05/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date