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Apr 21, 1999 8:00 am
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04-21-1999 90186 005 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N95000001097

1. Corporation Name

WORLD FOREST FOUNDATION, INC.

Principal Place of Business

47 CHIPPINGWOOD LN
ORMOND BEACH FL 32176

Mailing Address

47 CHIPPINGWOOD LN
ORMOND BEACH FL 32176



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/06/1995

4. FEI Number

59-3307827

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SCHULTZ, KARL F
47 CHIPPINGWOOD LN
ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS SCHULTZ, KARL F III
CITY-ST-ZIP 47 CHIPPINGWOOD LN
ORMOND BEACH FL

TITLE ☐ DELETE
NAME DP
STREET ADDRESS BROCK, WILLIAM
CITY-ST-ZIP 1977 HWY 20
SEDRO-WOOLLEY WA

TITLE ☐ DELETE
NAME DST
STREET ADDRESS SCHULTZ, KARL F
CITY-ST-ZIP 47 CHIPPINGWOOD LN
ORMOND BEACH FL 32176

TITLE ☐ DELETE
NAME D
STREET ADDRESS BANTLOW, EDWARD
CITY-ST-ZIP 9 WRIGHT PLACE
PRINCETON JUNCTION NJ

TITLE ☐ DELETE
NAME D
STREET ADDRESS DONATO, ANNE
CITY-ST-ZIP 7516 MCCALLUM ST.
PHILADELPHIA PA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/99

Date

904-673-5874

Daytime Phone #

CR2E037 (1/98)

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