

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000001097

FILED
Apr 29, 2003
Secretary of State

Entity Name: WORLD FOREST FOUNDATION, INC.

Current Principal Place of Business:

47 CHIPPINGWOOD LN
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

47 CHIPPINGWOOD LN
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 59-3307827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULTZ, KARL F
47 CHIPPINGWOOD LN
ORMOND BEACH, FL 32176 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: D () Delete
Name: SCHULTZ, KARL F III
Address: 47 CHIPPINGWOOD LN
City-St-Zip: ORMOND BEACH, FL

Title: DP () Delete
Name: BROCK, WILLIAM
Address: 1977 HWY 20
City-St-Zip: SEDRO-WOOLLEY, WA

Title: DST () Delete
Name: SCHULTZ, KARL F
Address: 47 CHIPPINGWOOD LN
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: BANTLOW, EDWARD
Address: 9 WRIGHT PLACE
City-St-Zip: PRINCETON JUNCTION, NJ

Title: D () Delete
Name: DONATO, ANNE
Address: 7516 MCCALLUM ST.
City-St-Zip: PHILADELPHIA, PA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KARL F. SCHULTZ

DST

04/29/2003

Electronic Signature of Signing Officer or Director

Date