


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

FILED

Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000003392	
1. Entity Name WORLD PEACE DAY NOVEMBER 17, INC.	

Principal Place of Business 9400 SOUTHWEST 80 AVENUE MIAMI FL 33156	Mailing Address 9400 SOUTHWEST 80 AVENUE MIAMI FL 33156
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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 65-0607208	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 MORRIS, DONALD 9400 SW 80TH AVE MIAMI FL 33156	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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** _____

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

9. Election Campaign Financing ☐ **\$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 NAME STREET ADDRESS CITY ST ZIP	PSTD <input type="checkbox"/> Delete MORRIS, DONALD 9400 SOUTHWEST 80 AVENUE MIAMI FL 33156	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY ST ZIP	U00000617022 02/07/07-80060-001 61.25
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete MORRIS, DIANE L 9400 SOUTHWEST 80 AVENUE MIAMI FL 33156	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete COLANTUONO, JESSICA 6016 BERNICE ROAD APT 1-D LANSING IL 60436	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY ST ZIP	
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY ST 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:  **DONALD MORRIS** 1-30-2007 305 926 6886