

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004581 (3)

1. Corporation Name

WORLD TRUST ORGANIZATION, INC.



Principal Place of Business

3589 HUNT ROAD
LAKE WORTH FL 33461

Mailing Address

3589 HUNT ROAD
LAKE WORTH FL 33461

3. Date Incorporated or Qualified
09/25/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

21 3589 HUNT RD.

2a. Mailing Address

26 600 N. CONGRESS AVE.

4. FEI Number

65-0612805

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

22 HOME

Suite, Apt. #, etc.

27 130-55

City & State

23 LAKE WORTH, FL.

City & State

28 DELRAY BEACH, FL.

Zip

24 33461

Country

25 PALM BCH

Zip

29 33445

Country

30 PALM BCH

9. Name and Address of Current Registered Agent

JORDAN, DEBBIE
2000 GLADES ROAD STE 208
BOCA RATON FL 33431

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 PRESIDENT/DIRECTOR ☐ DELETE
NAME G.B. THAYER
STREET ADDRESS 3589 HUNT RD
CITY-ST-ZIP LAKE WORTH, FL. 33461

TITLE DIRECTOR ☐ DELETE
NAME GINA THAYER-COLEMAN
STREET ADDRESS 600 N. CONGRESS AVE. STE. 130-55
CITY-ST-ZIP DELRAY BEACH, FL. 33445

TITLE DIRECTOR ☐ DELETE
NAME HAZEL H. THAYER
STREET ADDRESS 600 N. CONGRESS AVE. STE. 130-55
CITY-ST-ZIP DELRAY BEACH, FL. 33445

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(G.B. THAYER)

5.1.96

Date

407.967.1466

Daytime Phone #

CR2E037 (12/95)