

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 01 1998 8:00am  
Secretary of State

DOCUMENT # N96000000544 (4)

1. Corporation Name

WORLD OF KNOWLEDGE FOUNDATION, INC.



Principal Place of Business

Mailing Address

120 UNIVERSITY PARK DRIVE  
SUITE 140  
WINTER PARK FL 32792

P.O. BOX 1824  
GOLDENROD FL 32733

3. Date Incorporated or Qualified

01/30/1996

4. FEI Number

65-0715728

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

VECCIA, DENNIE P  
120 UNIVERSITY PARK DRIVE  
SUITE 150  
WINTER PARK FL 32792

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME OT  
STREET ADDRESS LOTT, LAURI  
CITY-ST-ZIP 2261 CHANTILLY TER.  
QVIEDO FL 32785

1.2 NAME  
1.3 STREET ADDRESS 14445 STAMFORD CIRCLE  
1.4 CITY-ST-ZIP ORLANDO, FL 32826

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME DS  
STREET ADDRESS BAKER, MICHELE  
CITY-ST-ZIP 2428 LAKE VISTA COURT #304  
CASSELBERRY FL 32707

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME DP  
STREET ADDRESS SHARANI, SAMER  
CITY-ST-ZIP 2428 LAKE VISTA COURT #304  
CASSELBERRY FL 32707

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

400002508744  
-05/04/98--01012--027  
\*\*\*\$61.25

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 authorized to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, for the attachment in an address.

SIGNATURE:

*[Signature]*

4/27/98 4027

CR2E037 (10/97)