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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N96000002873

1. Corporation Name

FLORIDA INSTITUTE FOR PEACE EDUCATION AND RESEARCH INC.

Principal Place of Business

Mailing Address

521 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

521 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301



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

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3. Date Incorporated or Qualified

05/24/1996

4. FEI Number

65-0780461

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

**POPLER, BOBBY J
6649 RACQUET CLUB DRIVE
LAUDERHILL FL 33319**

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 **C SCHMIDT, FRAN**
STREET ADDRESS **221 PALM AVE.**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ DELETE
NAME **D SCHIFF, MARA**
STREET ADDRESS **532 HENDRICKS ISLE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE ☐ DELETE
NAME **D POPLER, BOBBY J**
STREET ADDRESS **6649 RACQUET CLUB DR.**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE ☐ DELETE
NAME **D BELL, W.C.**
STREET ADDRESS **3430 N.W. 2ND STREET**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE ☐ DELETE
NAME **D JACKSON, JEANINE**
STREET ADDRESS **6649 RACQUET CLUB DR.**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE ☐ DELETE
NAME **D WASHINGTON, CHARLES**
STREET ADDRESS **220 S.E. 2ND AVE., 6TH FLOOR**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

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: **BOBBY J. POPLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 1999 (954) 731-1066

Date

Daytime Phone #

CR2E037 (11/98)