2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90566 030 ****70.00

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1. Entity Name
FLORIDA INSTITUTE FOR PEACE EDUCATION AND RESEARCH INC.

Principal Place of Business	Mailing Address
3800 INVERRARY BLVD. SUITE 205 LAUDERHILL, FL 33319 US	3800 INVERRARY BLVD. SUITE 205 LAUDERHILL, FL 33319 US

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04072005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0780461 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, CLARICE P
18638 S.W. 16TH STREET
PEMBROKE PINES, FL 33029

7. Name and Address of New Registered Agent

Name JOHNSON, CLARICE P.
Street Address (P.O. Box Number is Not Acceptable) 4552 WOKKER DRIVE
City LAKE WORTH FL Zip Code 33467

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 Clarice P Johnson 4-14-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P POPLER-PENN, BOBBY 6649 RACQUET CLUB DR. LAUDERHILL, FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V THREADGILL-LOWMAN, NORMA 630 NW 214TH ST., #1-104 MIAMI, FL 33169	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. PRESIDENT TRACEY ROBINSON 2641 NW 94th AVE. SUNRISE, FL 33322	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FREDRICKS-LOWMAN, IMANI 6557 SW 41 ST PL DAVIE, FL 33314	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY JOSEFINA BURGOS 5800 FRENCH PLUM LA TAMARAC, FL 33321	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOHNSON, CLARICE P 18638 SW 16TH ST. PEMBROKE PINES, FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4552 WOKKER DR LAKE WORTH, FL 33467	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDSON, ANTHONY 630 NW 24TH STREET, #1-104 MIAMI, FL 33169	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DONALD CLEVELAND 3501 SW DAVIE RD, SUITE 116-2 DAVIE, FL 33314	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, RENATA 4222 INVERRARY BLVD, #4510 LAUDERHILL, FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRAN SCHMIDT 1555 NE OCEAN BLVD #305 STUART, FL 33322	☐ Change ☑ Addition

12. 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 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: Clarice P Johnson : CLARICE P. JOHNSON 4-14-05 561-967-7679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #