2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

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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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02172006 No Chg-NP CR2E037 (11/05)

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
4552 WOKKER DRIVE
LAKE WORTH, FL 33467

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000469803
03/27/06-80014-009 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	POPLER-PENN, BOBBY
STREET ADDRESS	6649 RACQUET CLUB DR.
CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	V
NAME	ROBINSON, TRACEY
STREET ADDRESS	2641 NW 94TH AVE
CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	S
NAME	BURGOS, JOSIFINA
STREET ADDRESS	5800 FRENCH PLUM LN
CITY-ST-ZIP	SUNRISE, FL 33321
TITLE	T
NAME	JOHNSON, CLARICE P
STREET ADDRESS	4552 WOKKER DR
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	P
NAME	CLEVELAND, DONALD
STREET ADDRESS	3501 SW DAVIE RD, STE 116-2
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	D
NAME	JOHNSON, RENATA
STREET ADDRESS	4222 INVERRARY BLVD, #4510
CITY-ST-ZIP	LAUDERHILL, FL 33319

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Clarice P. Johnson (CLARICE P. JOHNSON) 3/15/06 561-967-7679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #