

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90059 027 \*\*\*\*70.00

**DOCUMENT # N96000002873**

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



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

Mailing Address  
**3800 INVERRARY BLVD.  
SUITE 205  
LAUDERHILL, FL 33319 US**

40061730



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**65-0780461**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, CLARICE P  
4552 WOKKER DRIVE  
LAKE WORTH, FL 33467**

Name

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

City

**FL**

Zip Code

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

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, 2007**

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

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **ROBINSON, TRACEY**  
STREET ADDRESS **2641 NW 94TH AVE**  
CITY-ST-ZIP **SUNRISE, FL 33322**

TITLE **SECRETARY** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☒ Delete  
NAME **BURGOS, JOSIFINA**  
STREET ADDRESS **5800 FRENCH PLUM LN**  
CITY-ST-ZIP **SUNRISE, FL 33321**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **ALICE JOHNSON**  
STREET ADDRESS **4956 NW 48TH TERRACE**  
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE **T** ☐ Delete  
NAME **JOHNSON, CLARICE P**  
STREET ADDRESS **4552 WOKKER DR**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **CLEVELAND, DONALD**  
STREET ADDRESS **3501 SW DAVIE RD, STE 116-2**  
CITY-ST-ZIP **DAVIE, FL 33314**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **JOHNSON, RENATA**  
STREET ADDRESS **4222 INVERRARY BLVD, #4510**  
CITY-ST-ZIP **LAUDERHILL, FL 33319**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 517, 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**

**4/11/07 561-967-7679**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #