


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

|  |   |
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| <b>DOCUMENT # N96000002873</b>   |  |
| 1. Entity Name<br><b>FLORIDA INSTITUTE FOR PEACE EDUCATION AND RESEARCH INC.</b> |   |

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| Principal Place of Business<br><b>3800 INVERRARY BLVD.<br/>SUITE 205<br/>LAUDERHILL, FL 33319 US</b> | Mailing Address<br><b>3800 INVERRARY BLVD.<br/>SUITE 205<br/>LAUDERHILL, FL 33319 US</b> |
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03272008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number<br><b>65-0780461</b>                                   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent                          |  |
| <b>JOHNSON, CLARICE P<br/>4552 WOKKER DRIVE<br/>LAKE WORTH, FL 33467</b> |  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |   |
|---|---|---|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>U000000876453<br/>04/11/08-80073-013 70.00</b> |
|---|---|---|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>POPLER-PENN, BOBBY<br/>6649 RACQUET CLUB DR.<br/>LAUDERHILL, FL 33319</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>ROBINSON, TRACEY<br/>2641 NW 94TH AVE<br/>SUNRISE, FL 33322</b>             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>JOHNSON, ALICE<br/>4956 NW 48TH TERRACE<br/>TAMARAC, FL 33319</b>           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>JOHNSON, CLARICE P<br/>4552 WOKKER DR<br/>LAKE WORTH, FL 33467</b>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>CLEVELAND, DONALD<br/>3501 SW DAVIE RD, STE 116-2<br/>DAVIE, FL 33314</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>JOHNSON, RENATA<br/>4222 INVERRARY BLVD, #4510<br/>LAUDERHILL, FL 33319</b> |

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 3/28/08 561-967-7679  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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