

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90080 022 \*\*\*\*70.00

**DOCUMENT # N96000002873**

1. Entity Name

**FLORIDA INSTITUTE FOR PEACE EDUCATION AND RESEARCH INC.**



Principal Place of Business

**521 E. LAS OLAS BLVD. 018**  
**FT. LAUDERDALE FL 33301**  
**3800 INVERRARY BLVD SUITE 205**  
**LAUDERHILL, FL 33319**

Mailing Address

**521 E. LAS OLAS BLVD. 018**  
**FT. LAUDERDALE FL 33301**  
**3800 INVERRARY BLVD SUITE 205**  
**LAUDERHILL, FL 33319**

2. Principal Place of Business

**3800 INVERRARY BLVD**

Suite, Apt. #, etc.

**SUITE 205**

City & State

**LAUDERHILL FL**

Zip  
**33319**

Country  
**USA**

3. Mailing Address

**3800 INVERRARY BLVD**

Suite, Apt. #, etc.

**SUITE 205**

City & State

**LAUDERHILL, FL**

Zip  
**33319**

Country  
**USA**



☐ CHECK HERE IF MAKING CHANGES

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

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

*Clarice P. Johnson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/10/03**

**FILE NOW: FEE IS \$61.25**

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, CLARICE P</b>	
STREET ADDRESS	<b>18638 S.W. 16TH ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33029</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCHIFF, MARA</b>	
STREET ADDRESS	<b>532 HENDRICKS ISLE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>POPLER-PENN, BOBBY</b>	
STREET ADDRESS	<b>6649 RACKET CLUB DR</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL 33319</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHMIDT, FRAN</b>	
STREET ADDRESS	<b>221 PALM AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WASHINGTON, CHARLES</b>	
STREET ADDRESS	<b>220 S.E. 2ND AVE., 6TH FLOOR</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHMIDT, RALPH</b>	
STREET ADDRESS	<b>221 PALM AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TRACEY ROBINSON</b>	
STREET ADDRESS	<b>2641 NW 94th AVE</b>	
CITY-ST-ZIP	<b>SUNRISE, FL 33322</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ANTHONY GOLDSON</b>	
STREET ADDRESS	<b>630 NW 24th ST #1-104</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33169</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NORMA THREADGILL</b>	
STREET ADDRESS	<b>651 SW 28th WAY</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33312</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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*

**3/10/03**

**954-447-7460**

CR2E037 (10/02)