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May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005281 (8)**

1. Corporation Name

**THE WORLDWIDE FUNDRAISERS CORPORATION**

Principal Place of Business

**9225 ULMERTON ROAD, SUITE 302B  
LARGO FL 33771-3708**

Mailing Address

**9225 ULMERTON ROAD, SUITE 302B  
LARGO FL 33771-3708**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**PETERSCUE, BERNARD  
9225 ULMERTON RD  
STE. 302B  
LARGO FL 33771**

3. Date Incorporated or Qualified

**10/11/1996**

4. FEI Number

**59-3404408**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

**Victor Azar**

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

**9225 Ulmerton Road  
Suite 302B**

83 City

**Largo**

**FL**

85 Zip Code

**33771**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

☒

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

(NOTE: Registered Agent signature required when reappointing)

**Victor Azar, Treasurer 4/28/98**

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **D  
PETRESCUE, BERNARD**  
STREET ADDRESS **12700 KIMBERLY OAKS CIRCLE**  
CITY-ST-ZIP **LARGO FL 34644**

TITLE ☒ DELETE

NAME **D  
PETRESCUE, WINNIFRED**  
STREET ADDRESS **12700 KIMBERLY OAKS CIRCLE**  
CITY-ST-ZIP **LARGO FL 34644**

TITLE ☐ DELETE

NAME **D  
EVANS, JAMES D III**  
STREET ADDRESS **3527 21 STREET**  
CITY-ST-ZIP **GULFPORT MS 39501**

TITLE ☐ DELETE

NAME **D  
AZAR, VICTOR**  
STREET ADDRESS **1234 PARK STREET NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **D President**  
1.3 STREET ADDRESS **Richard Spiller**  
1.4 CITY-ST-ZIP **743 Magnolia Wood Avenue  
Baton Rouge, LA 70808**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **D**  
2.3 STREET ADDRESS **Bill Gute**  
2.4 CITY-ST-ZIP **737 North Hampton Road  
Dallas, TX 75208**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Victor Azar, Treasurer 4/28/98**

Date

Daytime Phone #

**813-584-0777**

CR2E037 (10/97)