

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000004226

1. Entity Name
DIWATCH INTERNATIONAL FOUNDATION, INC.



Principal Place of Business
1632 39TH STREET
WEST PALM BEACH, FL 33407 US

Mailing Address
1632 39TH STREET
WEST PALM BEACH, FL 33407 US



01212004 No Chg-NP CR2E037 (10/03)

4. FEI Number
52-1560046

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VASHIST, PARMA N
1632 39TH STREET
LAKE WORTH, FL 33460

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000049968
02/13/04-80044-016 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
VASHIST, PARMA N
1632 39TH STREET
WEST PALM BEACH, FL 33407

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CRENSHAW, KENNETH B
3175 S. CONGRESS AVE., #301
PALM SPRINGS, FL 33461

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SAUNDERS, BARBARA
10018 MCNAB RD #116
TAMARAC, FL 33321

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Parma N. Vashist
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT

2/6/04

Date

561-818-2793

Daytime Phone #