2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

[redacted]

DOCUMENT # N98000002760

1. Entity Name
WORLDWIDE DISEASE RESEARCH CENTERS, INC.

FILED
07 JUN -6 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05-142001 90359001 221.25
660J14848

Principal Place of Business	Mailing Address
953 GONDOLIER BLVD GULF BREEZE, FL 32561	POB 666 GULF BREEZE, FL 32562

04292007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3510577
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STOUDENMIRE, STERLING F III
953 GONDOLIER BLVD
GULF BREEZE, FL 32561

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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] 4/30/07
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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PILARINOU, ELSA
STREET ADDRESS	5327 PEMBRIDGE PLACE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	STOUDENMIRE, STERLING F III
STREET ADDRESS	953 GONDOLIER BLVD
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	D
NAME	DRUMMOND, SHAWN
STREET ADDRESS	21965 COUNTRY WOODS DRIVE
CITY-ST-ZIP	FAIRHOPE, AL 36532
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	B 6/8/07

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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 any address, with all other like empowered.

SIGNATURE: [signature] 3-30-07 850-4763527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #