

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002760

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** WORLDWIDE DISEASE RESEARCH CENTERS, INC.

**Current Principal Place of Business:**

953 GONDOLIER BLVD  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

POB 666  
GULF BREEZE, FL 32562

**New Mailing Address:**

**FEI Number:** 59-3510577

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STOUDENMIRE, STERLING F III  
953 GONDOLIER BLVD  
SEE BELOW 666  
GULF BREEZE, FL 32561 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** PILARINO, ELSA  
**Address:** 5327 PEMBRIDGE PLACE  
**City-St-Zip:** TALLAHASSEE, FL 32308

**Title:** D  
**Name:** STOUDENMIRE, STERLING F III  
**Address:** 953 GONDOLIER BLVD  
**City-St-Zip:** GULF BREEZE, FL 32561

**Title:** D  
**Name:** DRUMMOND, SHAWN  
**Address:** 50 CROMWELL AVENUE  
**City-St-Zip:** FAIRHOPE, AL 36532

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** STERLING STOUDENMIRE

**PRES**

**04/26/2011**

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date