

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000004174

1. Entity Name
WORLDVIEW FOUNDATION INCORPORATED



Principal Place of Business
521 HERCHEL DRIVE
TAMPA, FL 33617

Mailing Address
521 HERCHEL DRIVE
TAMPA, FL 33617

DO NOT WRITE IN THIS SPACE

FILED
04 MAY -4 AM 7:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12/14/03 01065 004 61.25



04302004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3517759

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HEBERT-FORD, LINDA
521 HERCHEL DRIVE
TAMPA, FL 33617

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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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HERBERT-FORD, LINDA
STREET ADDRESS	521 HERCHEL DRIVE
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	D
NAME	FORD, MICHAEL R
STREET ADDRESS	521 HERCHEL DRIVE
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	D
NAME	ROZA, LAURA
STREET ADDRESS	14815 CRENSHAW LAKE RD.
CITY-ST-ZIP	TAMPA, FL 33617

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #