

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004174

FILED
Mar 11, 2008
Secretary of State

Entity Name: WORLDVIEW FOUNDATION INCORPORATED

Current Principal Place of Business:

521 HERCHEL DRIVE
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

521 HERCHEL DRIVE
TAMPA, FL 33617

New Mailing Address:

FEI Number: 59-3517759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEBERT-FORD, LINDA
521 HERCHEL DRIVE
TAMPA, FL 33617 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 () Delete
Name: HERBERT-FORD, LINDA
Address: 521 HERCHEL DRIVE
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: HARRISON, SARAH L
Address: 521 HERCHEL DRIVE
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: ROZA, LAURA
Address: 14815 CRENSHAW LAKE RD.
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LINDA HEBERT-FORD

DIRE

03/11/2008

Electronic Signature of Signing Officer or Director

Date