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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90028 018 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000005788

1. Corporation Name

SILHOUETTES OF THE WORLD, INC.

Principal Place of Business

1407 TENNESSEE AVENUE
LYNN HAVEN FL 32444

Mailing Address

1407 TENNESSEE AVENUE
LYNN HAVEN FL 32444

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/30/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59 353 2956	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent

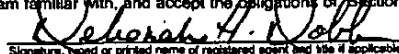
STOPKA, ALBERT J III
108 MOSLEY DRIVE
PANAMA CITY FL 32444

10. Name and Address of New Registered Agent

81	Name	DEBORAH H. DOBBS
82	Street Address (P.O. Box Number is Not Acceptable)	2617 S. HWY. 77
83	P.O. Box	1056
84	City	LYNN HAVEN
85	Zip Code	FL 32444

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE



DEBORAH H. DOBBS

4-8-99

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DAWN M. ROBERTS	1.2 NAME	
STREET ADDRESS	1407 Tennessee Ave.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN, FLORIDA 32444	1.4 CITY-ST-ZIP	
TITLE	Vice President / Treasurer ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	George A. Pantoja	2.2 NAME	
STREET ADDRESS	1407 Tennessee Ave.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN, FLORIDA 32444	2.4 CITY-ST-ZIP	
TITLE	Director / Account ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Deborah H. Dobbs	3.2 NAME	
STREET ADDRESS	12024 DOBBS LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FLORIDA 32409	3.4 CITY-ST-ZIP	
TITLE	Director ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MARK A. HITCHCOCK	4.2 NAME	
STREET ADDRESS	178 Derby Woods Drive	4.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN, FLORIDA 32444	4.4 CITY-ST-ZIP	
TITLE	Director ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Charlotte A. Lyons	5.2 NAME	
STREET ADDRESS	1313 KENSINGER PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	Cedar Grove, Florida 32401	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 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

DAWN M. ROBERTS

4-8-99

Date

(850) 271-1776

Telephone #

CR2037 (11/98)