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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90170 031 \*\*\*\*70.00

**DOCUMENT # N98000006993**

1. Corporation Name

**WORLD REFUGEE ASSOCIATION, INC.**

Principal Place of Business

**602 RIVERSIDE DRIVE  
GREENACRES FL 33463**

Mailing Address

**602 RIVERSIDE DRIVE  
GREENACRES FL 33463**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**12/10/1998**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**65-0882048**

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

Zip

Country

Zip

Country

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GBOLUMAH, EDDIE S  
602 RIVERSIDE DRIVE  
GREENACRES FL 33463**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **GBOLUMAH, EDDIE**

STREET ADDRESS **602 RIVERSIDE DRIVE**

CITY-ST-ZIP **GREENACRES FL 33463**

TITLE **D** ☒ DELETE

NAME **GBOLUMAH, MARLENE**

STREET ADDRESS **602 RIVERSIDE DRIVE**

CITY-ST-ZIP **GREENACRES FL 33463**

TITLE **D** ☐ DELETE

NAME **MASON, BARBARA**

STREET ADDRESS **81 TRAVIS COURT**

CITY-ST-ZIP **GAITHERSBURG MD 22091**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**S**

**Alexis, Gasby**

**329 Hibiscus street**

**West Palm Beach, FL 33401**

**T**

**Tabuteau, Carline**

**722 Sunny Pine Way**

**Greenacres, FL 33415**

SIGNATURE: **X**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 30, 1999 (561) 439-1257**

Date

Daytime Phone #

CR2E037 (1/98)