NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N98000006993

1. Corporation Name

WORLD REFUGEE ASSOCIATION, INC.

Principal Place of Business 602 RIVERSIDE DRIVE GREENACRES FL 33463

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

602 RIVERSIDE DRIVE GREENACRES FL 33463

2a. Mailing Address

Suite, Apt. #, etc.

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27

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

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



3. Date Incorporated or Qualifed

4. FEI Number 65 - 088 2048

12/10/1998

City & State	e		·	/ & State			5. Certificate of Status Desired		
23	******		28						
Zip		Country	Zip	<del></del> -	Country		6. Election Campaign Financing \$5.00 May Be		
24	25		29	30	0		Trust Fund Contribution Added to Fees		
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
					81	Name	e		
GBOLUMAH. EDDIE S					82	82 Street Address (P.O. Box Number is Not Acceptable)			
602 RIVERSIDE DRIVE									
GREENACRES FL 33463					83	83			
					84	84 City 85 Zip Code			
						_	FL		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above						-named	and 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)									
12.		OFFICERS AN	D DIRECTO		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D			☐ DELETE	1.1 TITLE				
NAME	gbolumah, i	eddie			1.2 NAME		Alcxis, Gasby 329 Hibiscus street		
STREET ADDRESS	602 RIVERSID	e drive			1.3 STREET	ADDRESS	339 Hibiscus STICCI		
CITY-ST-ZIP	GREENACRES	FL 33463			1.4 CITY-S	T-ZIP	West Palm Beach, FL. 33401		
TITLE	D			DELETE	2.1 TITLE		☐ Change ☑ Addition		
NAME	GBOLUMAH, I	Marlene			2.2 NAME		Tabuteau, Carline		
STREET ADDRESS	602 RIVERSID	e drive			2.3 STREE	ADDRESS			
CITY-ST-ZIP	GREENACRES	FL 33463			2.4 CITY-5	T-ZIP	Greenacres, FL. 33415		
TITLE	D			☐ DELETE	3.1 TITLE		Change Addition		
NAME	MASON, BARI	Bara			3.2 NAME				
STREET ADDRESS	ET ADDRESS 81 TRAVIS COURT				3.3 STREET ADDRESS		55		
CITY-ST-ZIP	GAITHERSBUI	RG MD 22091			3.4, CITY-S	T-ZIP			
TITLE		<del></del>		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition		
NAME					4. 2 NAME				
STREET ADDRESS	ļ				4.3 STREE	ADDRESS	SS .		
CITY-ST-ZIP					4.4 CITY-S	T-ZIP			
TITLE	[			☐ DELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME	}				5.2 NAME				
STREET ADDRESS	1					ADDRESS	SS		
CITY-ST-ZIP					5.4 CITY-S	T-ZIP			
TILE"	C 3 84			☐ DELETE	6.1 TITLE		Change Addition		
NAME					6.2 NAME				
STREET ADORESS					6.3 STREE	FADDRESS	98		
CITY-ST-ZIP	<u> </u>				6.4 CITY-S				
14. I hereby	certify that the inf	formation supplied wit	th this filing	does not qualify for the	ne exempt	on state	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information		

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 attachrighent with an address, with all other like empowered.

SIGNATURE:

ANTIDE AND TYPED OF PRINTENNAME OF SIGNING OFFICER OR DIRECTOR

April 30,1999 (561) 439 1257

:R2E037 (11/98)

Applied For

Not Applicable