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NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

101

1. Corporation Name (9)								1			
GREENPEACE, INC.											
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Principal Place of Business Mailing Address										HAN HAN IN	
· ·											
1436 °U" STREET N.W. 1436 °U" STREET N.W. SUITE 2014 SUITE 2014								3. Date Incorporated or Qualified			
WASHINGTON	DC 20009			WASHINGTON DC 20009				01/30/1989			
								4. FEI Number	1-1 -	Applied For	
2. Principal P	tace of Busin	2a. Mallir	Malling Address				52-1541501		Not Applicable Additional		
21			26	26				5. Certificate of Status Desired		Pequired	
Suite, Apt	#, etc.		Suite	Suite, Apt. #, etc.				6. Election Campaign Financing		May Be	
22 City & State			27	City & State			· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution Added to Fees			
23 City & State	в		<u> </u>	28				7. Is this nonprofit corporation a homeowners association? Yes No			
Zip	Country		Zip			Country		8. This corporation owes or has paid	the current year I	ntangible	
24	25		20			<u> </u>		Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent Name				
LINETHAN ICOO LI											
HUFFMAN, JESS H 1141-B HYACINTH PLACE					[€	2 Street	t Address (P.O. Box Number is Not Acceptable)				
WEST PALM BEACH FL 33414					8	3				-	
'					<u> </u>	4 City			- 85 Zip	Code	
					- 1	1					
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 Bignature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE											
12.		OFFICER	S AND DIRECTORS					ADDITIONS/CHANGES TO OFFICE			
TITLE	ED STORY DARRADA			DELETE			Ex	ecutive Director	ES Change	Addition	
NAME	DUDLEY, BARBARA 1436 U ST., NW				12 NAME		Kr	isten Engberg 36 U Street, NW			
STREET ADDRESS				1.3 STREET ADDRES			114	36 U Street, NW	_		
CITY-ST-ZIP TITLE	WASHINGTON DC ED Dd DELETE			-	1.4 CITY-ST-ZIP TO E 2.1 TITLE D-		shington DC 2000! rector (Chair)	Change	Addition		
NAME	WARD, KENNTH					22 NAME		chael McCally			
STREET ADDRESS	1436 U ST., NW				2.3 STREET ADDRESS		12	12 Fifth Ave, Apt	9B	Ì	
CFTY-ST-ZIP	WASHINGTON DC				2. 4 CITY-ST-ZIP		Ne	w York. NY 10029			
TITLE	SVC (20) DELETE			3.1 TITLE			rector	Change	Addition		
NAME	CAROTHERS, ANDRE			3.2 NAM	3.2 NAME		n Cohen				
STREET ADDRESS		8T., NW			3.3 STRE	ET ADDRESS	30	Commercial Drive		ſ	
CITY-ST-ZIP	WASHIN	IGTON DC		T DELETE	_	- ST - ZIP	So	uth Burlington, V	Г <u>05403</u>	- Liddina	
TITLE	NOO I	AIOO II		DELETE	4.1 TITLE			. –	change	☐ Addition	
NAME STREET ADDRESS	RIOS, J	airu H St., NW			4. 2 NAM		1			ļ	
CITY-ST-ZIP		GTON DC			4.4 City	ET ADDRESS	1			ĺ	
TITLE	C	12.VII DO		DELETE	5.1 TITLE		D1.	rector	Change	Addition	
NAME	KLIEHM	IAS, JOANNE		··	52 NAM			Dufay	_ ~•		
STREET ADDRESS		VIGRIDGE RD				et address	1141	51 Dortal Ct		İ	
CITY-ST-ZIP	OAKLAN					- ST-ZIP	O+	tawa, Ontario Klh vid Ranaport	6B6		
TITLE	D			DELETE	6.1 TITLE		Day	vid Rapaport	Change	Addition	
NAME		S, RONALD			6.2 NAM	E	RR	2 Box 1420		Ì	
STREET ADDRESS		STREET NW			6.3 STRE	et address		terbury , VT 05676	;	ļ	
CITY OF 710	WASHIN	IGTON DC			E A DITY	ČT. 7ID	1	, , , , , , , , , , , , , , , ,	Direct	1 to 2	

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 or an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

4-24-98

(202) 462-1177

FILED

May 06 1998 8:00am

Secretary of State