2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 08:00 AM
Secretary of State

DOCUMENT # **F99000006768**

1. Entity Name
WOMB, INC. (WORLD OUTREACH MINISTRIES... BIRTHING VISI ONS FOR THE NATIONS)

Principal Place of Business	Mailing Address
7878 WILES ROAD CORAL SPRINGS FL 33067	7878 WILES ROAD CORAL SPRINGS FL 33067

2. Principal Place of Business	3. Mailing Address
5100 WEST HILLSBORO BOULEVARD	5212 N.W. 54TH AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COCONUT CREEK FL	City & State: COCONUT CREEK FL
Zip: 33073 Country:	Zip: 33073 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: **58-1977023** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLLYMORE LEON 7878 WILES ROAD CORAL SPRINGS FL 33067 US	Name: COLLYMORE LEON Street Address (P.O. Box Number is Not Acceptable): 5212 N.W. 54TH AVENUE City: COCONUT CREEK FL Zip Code: 33073

8. 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 **LEON N. COLLYMORE** **05/01/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COLLYMORE LINDA 5212 NW 54TH AVE. COCONUT CREEK FL 33073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAMDASS KEITH PO BOX 3579 LA ROMAIN, TRINIDAD, WI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD COLLYMORE LEON 5212 NW 54TH AVE. COCONUT CREEK FL 33073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA COLLYMORE **DATE:** 05/01/2000