

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000006768

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: WOMB, INC. (WORLD OUTREACH MINISTRIES... BIRTHING VISIONS FOR THE NATIONS)

Current Principal Place of Business:

5100 WEST HILLSBORO BOULEVARD
COCONUT CREEK, FL 33073

New Principal Place of Business:

7654 MARGATE BOULEVARD
MARGATE, FL 33064

Current Mailing Address:

5212 N.W. 54TH AVENUE
COCONUT CREEK, FL 33073

New Mailing Address:

P.O. BOX 670513
CORAL SPRINGS, FL 33067

FEI Number: 58-1977023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLYMORE, LEON
5212 N.W. 54TH AVENUE
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: COLLYMORE, LEON
Address: 5212 NW 54TH AVE.
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete
Name: RAMDASS, KEITH
Address: PO BOX 3579
City-St-Zip: LA ROMAIN, TRINIDAD, WI,

Title: S () Delete
Name: COLLYMORE, LINDA
Address: 5212 NW 54TH AVE.
City-St-Zip: COCONUT CREEK, FL 33073

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COLLYMORE, LEON DR.
Address: 5212 NW 54TH AVE.
City-St-Zip: COCONUT CREEK, FL 33073

Title: D (X) Change () Addition
Name: RAMDASS, KEITH REV.
Address: PO BOX 3579
City-St-Zip: LA ROMAIN, TRINIDAD, WI

Title: S (X) Change () Addition
Name: COLLYMORE, LINDA REV.
Address: 5212 NW 54TH AVE.
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Change (X) Addition
Name: COURTENAY, CURT E REV.
Address: 1365 FLATBUSH AVENUE
City-St-Zip: BROOKLYN, NY 11210 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA COLLYMORE

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05/01/2002

Electronic Signature of Signing Officer or Director

Date