2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003
Secretary of State

DOCUMENT# F99000006768

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

Current Principal Place of Business:

7654 MARGATE BOULEVARD
MARGATE, FL 33064

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 670513
CORAL SPRINGS, FL 33067

New Mailing Address:

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:	P	( ) Delete
Name:	COLLYMORE, LEON DR.	
Address:	5212 NW 54TH AVE.	
City-St-Zip:	COCONUT CREEK, FL 33073	
Title:	D	( ) Delete
Name:	RAMDASS, KEITH REV.	
Address:	PO BOX 3579	
City-St-Zip:	LA ROMAIN, TRINIDAD, WI	
Title:	S	( ) Delete
Name:	COLLYMORE, LINDA REV.	
Address:	5212 NW 54TH AVE.	
City-St-Zip:	COCONUT CREEK, FL 33073	
Title:	D	(X) Delete
Name:	COURTENAY, CURT E REV.	
Address:	1365 FLATBUSH AVENUE	
City-St-Zip:	BROOKLYN, NY 11210 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: LEON N. COLLYMORE PRES 05/08/2003

Electronic Signature of Signing Officer or Director — Date