2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003952

FILED Apr 24, 2004 Secretary of State

Entity Name: WORLDWALKER MISSIONARY MINISTRIES, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	JSTON DR. D, FL 33809			
Current Mailing Address:		New Mailing Address:		
	JSTON DR. D, FL 33809			
El Numbei	: 51-0434227	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	d Address of (Current Registered Agent:	Name and Address of	of New Registered Agent:
	WILLIAM L			
	JSTON DR. D, FL 33809			
AKELAN he above	JSTON DR. D, FL 33809	submits this statement for the բ	ourpose of changing its registere	ed office or registered agent, or both,
AKELAN he above the Stat	JSTON DR. D, FL 33809 e named entity e of Florida. RE:	·		ed office or registered agent, or both,
AKELAN ne above the Stat	JSTON DR. D, FL 33809 e named entity e of Florida. RE:	submits this statement for the particular sta		ed office or registered agent, or both, Date
AKELAN he above the Stat	JSTON DR. D, FL 33809 e named entity e of Florida. RE:	nic Signature of Registered Ag	ent	
AKELAN he above the Stat	JSTON DR. D, FL 33809 e named entity e of Florida. RE: Electron S AND DIREC	nic Signature of Registered Ago CTORS:) Delete LIAM L N DR.	ent	Date
he above the Stat IGNATU FFICER tte: ame: ddress:	JSTON DR. D, FL 33809 e named entity e of Florida. RE: Electron S AND DIRECT D (WALKER, WIL 5342 HOUSTO LAKELAND, FL	nic Signature of Registered Agr CTORS:) Delete LIAM L N DR. 2 33809) Delete ERT A JR HANEY RD.	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: WILLIAM L. WALKER D 04/24/2004