

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morgham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002949 (4)

1. Corporation Name

WORLD WIDE CHRISTIAN BILLBOARD, INC.



Principal Place of Business

Mailing Address

**315 SOUTHEAST 7TH STREET
SUITE 200
FORT LAUDERDALE FL 33301**

**315 SOUTHEAST 7TH STREET
SUITE 200
FORT LAUDERDALE FL 33301**

3. Date Incorporated or Qualified
06/21/1995

3a. Date of Last Report
NA

2. Principal Place of Business

2a. Mailing Address

21 **4511 S.W. 30th Way**

26 **P.O. Box 995**

4. FEI Number
65-0599561

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 City & State

28 City & State

23 **Ft. Laud., FL**

28 **Dania, FL**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip

25 Country

29 Zip

30 Country

24 **33312**

25 **Broward**

29 **33004**

30 **Broward**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARK SKIPPER, P.A.
315 SOUTHEAST 7TH STREET
SUITE 200
FORT LAUDERDALE FL 33301**

81 Name **Ralph Mumby**
82 Street Address (P.O. Box Number is Not Acceptable)
4511 S.W. 30th Way
83
84 City **Ft. Laud.** FL 85 Zip Code **33312**

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 **Ralph Mumby** *Ralph Mumby* DATE **03/16/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President & Truatee <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ralph Mumby	1.2 NAME	
STREET ADDRESS	4511 S.W. 30th Way	1.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Laud., FL 33312	1.4 CITY-ST-ZIP	
TITLE	Trustee <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hazel Mumby	2.2 NAME	
STREET ADDRESS	4511 S.W. 30th Way	2.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Laud., FL 33312	2.4 CITY-ST-ZIP	
TITLE	Trustee <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Agnes Mumby	3.2 NAME	
STREET ADDRESS	5201 S.W. 31st Avenue, #152	3.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Laud., FL 33312	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	900001791669
STREET ADDRESS		4.3 STREET ADDRESS	-04/24/96--01005--003
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***61.25
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	600001791676
STREET ADDRESS		5.3 STREET ADDRESS	-04/24/96--01005--004
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***8.75
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: **Ralph Mumby** *Ralph Mumby* DATE: **03/16/96** (954)963-7417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)

51-41-23-96