

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709080

1. Entity Name

WORLD'S CHILDREN, INC.

Principal Place of Business

101 AVE. C SW ROOM 509  
P O BOX 2979  
WINTER HAVEN FL 33883-2979  
US

Mailing Address

101 AVE. C SW ROOM 509  
P O BOX 2979  
WINTER HAVEN FL 33883-2979  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1174134

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

IVEY, CAROL A  
101 AVE C, SW ROOM 509  
WINTER HAVEN FL 33883

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IVEY, CAROL A 10 GREENFIELD CT WINTER HAVEN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURVANCE, MABLE B 1216 PONDEROSA MISSOULA MT	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MESSMER, KENNETH G. 510 BROADWATER AVE BILLINGS MT	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELTZER, MARY 7248 JACARANDA LANE MIAMI LAKES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OCHANDARENA, PEGGY 1111 HANCOCK DR P.O. Box 248 ATLANTA GA 30306 Koror, PALAU 96940	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUPT, EVELYN 10021 SW 11TH ST PEMBROKE PINES FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Purviance, Rev. A. E. 2815 Old Fort Road, #100 Missoula, MT 59804	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Smith, Oscar 6227 Half Dome Dr. Charlotte, NC 28269-1548	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rose, Jim 17901 NW 85th Ave Hialeah, FL 33015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ivey, Allen Roy 10 Greenfield Ct. Winter Haven, FL 33884	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Quimby, Ruby 982 Sandra Drive, Live Oak, FL 32060	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Seltzer, Jackson 2010 Tangle Lake Kingwood, TX 77339	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol A. Ivey 1-17-01 (863) 293-0774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED  
Jan 29, 2001 8:00 am  
Secretary of State

01-29-2001 90050 028 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE