

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709080

Entity Name: WORLD'S CHILDREN, INC.

FILED
Mar 23, 2004
Secretary of State**Current Principal Place of Business:**101 AVE. C SW ROOM 509
P O BOX 2979
WINTER HAVEN, FL 338832979 US**Current Mailing Address:**101 AVE. C SW ROOM 509
P O BOX 2979
WINTER HAVEN, FL 338832979 US**New Principal Place of Business:**950 1ST ST S, STE 206
P O BOX 2979
WINTER HAVEN, FL 338832979 US**New Mailing Address:**950 1ST ST S, STE 206
P O BOX 2979
WINTER HAVEN, FL 338832979 US

FEI Number: 59-1174134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:IVEY, CAROL A
101 AVE C, SW ROOM 509
WINTER HAVEN, FL 33883 US**Name and Address of New Registered Agent:**IVEY, MICHAEL A DIR
950 1ST ST S, STE 206
P O BOX 2979
WINTER HAVEN, FL 33883 US

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: MICHAEL A IVEY

03/23/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: IVEY, CAROL A
Address: 10 GREENFIELD CT
City-St-Zip: WINTER HAVEN, FLTitle: D () Delete
Name: PURVIANCE, MABLE B
Address: 11621 INNFIELDS DR
City-St-Zip: ODESSA, FL 33556Title: V () Delete
Name: MESSMER, KENNETH G.
Address: 3047 OCOTILLO ROAD
City-St-Zip: BILLINGS, MTTitle: D () Delete
Name: SELTZER, MARY
Address: 7248 JACARANDA LANE
City-St-Zip: MIAMI LAKES, FLTitle: D () Delete
Name: OCHANDARENA, PEGGY
Address: 2413 A N. 3RD ST
City-St-Zip: ARLINGTON, VA 22201Title: D () Delete
Name: HAUPT, EVELYN
Address: 4322 LONGCHAMP DR
City-St-Zip: SARASOTA, FL 34235**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: D (X) Change () Addition
Name: IVEY, MICHAEL A
Address: 23 SKIDMORE ROAD
City-St-Zip: WINTER HAVEN, FL 33884Title: D (X) Change () Addition
Name: ROSE, JAMES B
Address: 17901 NW 85TH AVENUE
City-St-Zip: HIALEAH, FL 33015Title: () 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: MICHAEL A IVEY

DIR

03/23/2004

Electronic Signature of Signing Officer or Director

Date