2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 26, 2006 08:00 AN Secretary of State **DOCUMENT # 717599** 1. Entity Name WORLD WIDE CHURCH OF JESUS CHRIST, INC. Mailing Address Principal Place of Business 1750 N.E. 175 ST P.O. BOX 337 P.O. BOX 337 P.O. BOX 337 **CITRA FL 32113 CITRA FL 32113** 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 05-0043952 Not Applicable Ζιρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORLEY, REV. H Street Address (P.O. Box Number is Not Acceptable) 1750 N.E. 175 ST. CITRA FL 32113 Zip Code City 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. I am lamiliar with, and accept the obligations of registered agent. 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 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete THE ☐ Change Addition Addition MORLEY, HENRY NAME NAME RT 4 BOX 160 STREET ADDRESS STREET ADDRESS CITRA FL CITY-ST-ZiP CITY-ST-ZIP U00000534790 ☐ Delete 05/08/06-80026-006°51.25 TITLE WILLIAMS, BONNIE FAYE NAME NAME RT 1 BOX 263 STREET ADDRESS STREET ADDRESS HAWTHORNE FL CITY-ST-ZIP CJTY - ST - ZIP Delete TITLE Change _____ Addition ROBINSON, ANNIE RUTH NAME NAME RT 4 BOX 160 STREET ADDRESS STREET ADDRESS City-St-78 **CITRA FL 32113** CRY-ST-ZIP ☐ Change ☐ Addis Delete TITLE TITLE MITCHELL, EARNEST NAME STREET ADDRESS STREET ADDRESS RT 4 BOX 160 CITY-ST-2IP CITRA FL CITY-ST-ZIP ____ Addibo Delete TITLE ☐ Change JACKSON, RAY C NAME NAME RT. 4, BOX 160 STREET ADDRESS STREET ADDRESS CITRA FL CITY-ST-ZIP CITY-ST-ZIP ĺО ☐ Delete TITLE Change Addition TITLE NAME MORLEY, ALTAMESE RT 4 BOX 160 STREET ADDRESS STREET ADDRESS CITRA FL CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Hew Henry Mask

124/06 352.

352.595.2494