

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 734297 (5)

1. Corporation Name

WORLD CHURCH MIND CENTER, INC.

95 MAY -1 PM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11036 SE 62ND AVENUE
BELLEVUE FL 34420
US

Mailing Address

1110 SE 36TH AVE
OCALA FL 34471
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1975

3a. Date of Last Report

05/01/1994

4. FBI Number

59-1606111

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HARRISON, LORETTA
C/O WORLD CHURCH MIND CENTER
1110 SE 36 AVE
OCALA FL 34471
34471

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

HARRISON, GEORGE

STREET ADDRESS

11036 SE 62ND AVE.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

1.2 NAME

HARRISON, GEORGE

1.3 STREET ADDRESS

11036 SE 62ND AVE

☒ Change ☐ Addition

DECEASED

TITLE

VD

NAME

HARRISON, JOAN

STREET ADDRESS

1255 NE 20TH ST.

CITY-ST-ZIP

OCALA FL

2.1 TITLE

VD

2.2 NAME

HARRISON JOAN

2.3 STREET ADDRESS

133 COTTONWOOD CT

2.4 CITY-ST-ZIP

BURLINGTON IOWA 52601

☒ Change ☐ Addition

TITLE

STD

NAME

HARRISON, LORETTA

STREET ADDRESS

1110 SE 36TH AVE.

CITY-ST-ZIP

OCALA FL

3.1 TITLE

PTD

3.2 NAME

HARRISON LORETTA

3.3 STREET ADDRESS

1110 SE 36 AVE

3.4 CITY-ST-ZIP

OCALA FL 34471

☒ Change ☐ Addition

TITLE

D

NAME

HARRISON, GORDON

STREET ADDRESS

3830 N.E. 4TH TERRACE

CITY-ST-ZIP

POMPANO FL

4.1 TITLE

D

4.2 NAME

HARRISON, GORDON

4.3 STREET ADDRESS

3830 N.E. 4TH TER

4.4 CITY-ST-ZIP

POMPANO FL

☒ Change ☐ Addition

DELETE

TITLE

D

NAME

HARRISON GREGORY

STREET ADDRESS

1110 SE 36 AVE

CITY-ST-ZIP

OCALA FL 34471

☐ Change ☒ Addition

TITLE

D

NAME

NOBLE, SHARON

STREET ADDRESS

2765 NE 45 ST

CITY-ST-ZIP

OCALA FL 34470

☐ Change ☒ Addition

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 110.07(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:

Loretta Harrison

LORETTA HARRISON

904-696

SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

4-23-95

5006

CONFIRM