

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735500

1. Entity Name

DON O'DON'S WORLDWIDE MISSIONS, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90051 010 \*\*\*\*70.00

Principal Place of Business

Mailing Address

864 PEAVY RD (752182150)  
P.O. BOX 180934  
DALLAS TX 75218-2150

P O BOX 180934  
DALLAS TX 75218-0934  
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

51-0198600

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIERCE, GEORGE A., JR. ESQ.  
902A BLACKSTONE BUILDING  
JACKSONVILLE FL 32202

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	PTD	<input type="checkbox"/> Delete
NAME	ODON, JEAN E.	
STREET ADDRESS	MANOR LODGE, MANOR AVE	
CITY-ST-ZIP	DEAL, KENT, ENGLAND	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EDWARDS, RONALD C.	
STREET ADDRESS	864 PEAVY ROAD	
CITY-ST-ZIP	DALLAS TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINENKOHL, RUSSELL E.	
STREET ADDRESS	330 COUNTRY CLUB LANE	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ODON, MELODY	
STREET ADDRESS	MANOR LODGE, MANOR AVENUE	
CITY-ST-ZIP	DEAL KE	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*RONALD C. EDWARDS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/2000 214-321-8510

CR2E037 (9/99)