


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90163 001 \*\*\*\*\*8.75  
04-12-2005 90163 002 \*\*\*\*\*61.25

<b>DOCUMENT # 737547</b> 1. Entity Name <b>WORLD RADIO MISSIONARY FELLOWSHIP, INC.</b>	
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Principal Place of Business <b>1065 GARDEN OF THE GODS COLORADO SPRINGS CO 80907 US</b>	Mailing Address <b>C/O DOUGLAS C PETERS P O BOX 39800 COLORADO SPRINGS CO 80949-9800 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>C/O Robert J. Skinner</b> Suite, Apt. #, etc. <b>P.O. Box 39800</b>
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City & State  <b>Colorado Springs, CO</b>	City & State  <b>Colorado Springs, CO</b>
Zip  <b>80949-9800</b>	Country  <b>U.S.A.</b>

1st MOORE	CR2E037 (10/04)
4. FEI Number <b>59-0939206</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>

6. Name and Address of Current Registered Agent  <b>MORGAN, CHARLES O JR. 1300 NW 167TH STREET MIAMI FL 33169</b>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 familiar with, and accept the obligations of registered agent.  SIGNATURE <i>Robert J. Skinner, secretary</i> <b>4/5/05</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, DAVID J 106 GARDEN OF THE GODS RD. COLORADO SPRINGS CO 80907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GIESBRCHT, EDWIN 1065 GAEDEN OF THE GODS RD COLORADO SPRINGS CO 80907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Peters, Douglas, C. 1065 Garden of the Gods Rd. Colorado Springs, CO 80907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOERS, BARBARA R 1065 GARDEN OF THE GODS RD COLORADO SPRINGS CO 80907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MCCLOUD, DWITE M 1065 GARDEN OF THE GODS ROAD COLORADO SPRINGS CO 80907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLEN, JAMES D 884 CALLE VILLALENGUA QUITO, ECUADOR <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETERS, DOUGLAS C 1065 GARDEN OF THE GODS ROAD COLORADO SPRINGS CO 80907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Skinner, Robert J. 1065 Garden of the Gods Rd. Colorado Springs, CO 80907 <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: <i>Robert J. Skinner, Secretary</i> <b>4/5/05</b> <b>719-590-9800</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
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