


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90022 034 ****70.00

DOCUMENT # 737547 1. Entity Name WORLD RADIO MISSIONARY FELLOWSHIP, INC.					
Principal Place of Business 1065 GARDEN OF THE GODS COLORADO SPRINGS, CO 80907 US			Mailing Address C/O ROBERT J. SKINNER 1065 GARDEN OF THE GODS COLORADO SPRINGS, CO 80907 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address C/O DOUGLAS C. PETERS Suite, Apt. #, etc. 1065 GARDEN of the Gods City & State COLORADO SPRINGS, CO 80907 Zip 80907 Country US			
Suite, Apt. #, etc.		4. FEI Number 59-0939206			
City & State		Applied For <input type="checkbox"/> Not Applicable			
Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MORGAN, CHARLES O JR. 1300 NW 167TH STREET MIAMI, FL 33169			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, DAVID J 1065 GARDEN OF THE GODS COLORADO SPRINGS, CO 80907	<input 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"/> Delete			
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	VD ALLEN, JAMES D 1065 GARDEN OF THE GODS COLORADO SPRINGS, CO 80907	<input 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"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDWIN E. GIESBRECHT 1065 GARDEN of the Gods COLORADO SPRINGS, CO 80907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DANIEL SHEDD 1065 GARDEN of the Gods 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 exemptions contained in Chapter 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: <u>Douglas C. Peters - DOUGLAS C. PETERS - Asst Secretary</u> 02/05/07 (719) 590-9800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					