

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 764911**

1. Entity Name  
**INTERNATIONAL WORLD MINISTRIES, INC.**



Principal Place of Business

**% ARIL EDVARSEN  
8330 NW 52 ST.  
LAUDERHILL, FL 33351**

Mailing Address

**% ARIL EDVARSEN  
8330 NW 52 ST.  
LAUDERHILL, FL 33351**



02092006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2255384**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**EDVARSEN, ARIL  
8330 NW 52 ST.  
LAUDERHILL, FL 33351**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
EDVARSEN, ARIL  
8330 N.W. 52 STREET  
LAUDERHILL, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
EDVARSEN, KARI  
8330 N.W. 52 STREET  
LAUDERHILL, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DANIELSEN, ALICE  
3050 NE 48 STREET, APT. 104  
FORT LAUDERDALE, FL 333084901**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**M  
EDVARSEN, RUNE  
8330 NW 52ND ST  
LAUDERHILL, FL 33351**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000434751  
02/25/06-80015-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: Aril Edvarsen **ARIL EDVARSEN PD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-11-2006**  
Date

**954-749-9433**  
Daytime Phone #