


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 764911 1. Entity Name INTERNATIONAL WORLD MINISTRIES, INC.	
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Principal Place of Business % ARIL EDVARDSEN 8330 NW 52 ST. LAUDERHILL, FL 33351	Mailing Address % ARIL EDVARDSEN 8330 NW 52 ST. LAUDERHILL, FL 33351
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2255384	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDVARDSEN, ARIL
8330 NW 52 ST.
LAUDERHILL, FL 33351

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDVARDSEN, ARIL 8330 N.W. 52 STREET LAUDERHILL, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EDVARDSEN, KARI 8330 N.W. 52 STREET LAUDERHILL, FL 33351
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 EDVARDSEN, RUNE 8330 NW 52ND ST LAUDERHILL, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD0000784002
01/16/08-80038-009 61.25

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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 Edvardsen* **ARIL EDVARDSEN PD** **01-08-2008** **954-744-9433**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #