DOCUMENT # 840448

1. Entity Name

WORLD GOSPEL ASSEMBLIES, INC.

FILED
Jan 09, 2001 8:00 am
Secretary of State
01-09-2001 90003 046 ****70.00

Principal Place of Business	Mailing Address
542-5TH STREET NORTH ST PETERSBURG FL 33701-2304	542-5TH STREET NORTH ST PETERSBURG FL 33701-2304

DO NOT WRITE IN THIS SPACE

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 52-1631776 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STAALENBURG, RT. REV. MELS 542 5TH STREET N. ST PETERSBURG FL 33701-2304	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	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STAALENBURG, RT. REV. MELS		NAME		
STREET ADDRESS	542 5TH ST N.		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NORTON, ALCOTT W		NAME		
STREET ADDRESS	542 5TH ST N.		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COBANE, REV. MARY L		NAME		
STREET ADDRESS	4801 16TH AVE S.		STREET ADDRESS		
CITY-ST-ZIP	GULFPORT FL		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STAALENBURG, DORINE K		NAME		
STREET ADDRESS	542 5TH ST N.		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WINNIE, JACK W REV		NAME		
STREET ADDRESS	309 N BENKSON		STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MI		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WINNIE, HARRIETT F		NAME		
STREET ADDRESS	309 N BENKSON		STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MI		CITY-ST-ZIP		

CR2E037 (10/00)

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: Mels Staalenburg SIGNATURE REQUIRED MELS STAALENBURG 1/5/2001 727-894-8195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #