





2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000004687 1. Entity Name CHURCH WORLD SERVICE, INC.						<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 18px; margin-bottom: 10px;">08 JAN 29 PM 1:17</div> <div style="font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 28606 PHILLIPS ST. ELKHART, IN 46514				Mailing Address P.O. BOX 968 ELKHART, IN 46515			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 13-4080201				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01112008 Chg-NP CR2E037 (12/06)			
6. Name and Address of Current Registered Agent PARALEGAL & ATTORNEY SERVICE BUREAU, INC. 2750 OLD ST. AUGUSTINE RD., N145 TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent <div style="font-family: cursive; font-size: 1.2em;"> Name: Brendan G. Slattery Street Address (P.O. Box Number is Not Acceptable): 2750 Old St. Augustine Rd, N145 City: Tallahassee FL Zip Code: 32301 </div>			
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 01/29/08			
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		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	C MCCULLOUGH, JOHN L 475 RIVERSIDE DR., STE. 700 NEW YORK, NY 10115 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Johnny Itty 3838 Fairhaven Drive West Linn, OR 97068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC RENDALL, JOANNE P.O. BOX 968 ELKHART, IN 46515 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jennifer Riggs P. O. Box 1986 Indianapolis, IN 46206 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VOSKUIL, BETTY 4500 60TH ST., SE GRAND RAPIDS, MI 49512 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jimmie Hawkins 2620 Weaver Street Durham, NC 27701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIGGS, JENNIFER P.O. BOX 1986 INDIANAPOLIS, IN 46206 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Deborah E. Bass 475 Riverside Drive, Suite 300 New York, NY 10115 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLOWERS, GEORGE F 1587 SAVANNAH HIGHWAY, SUITE A CHARLESTON, SC 29407 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 1.2em; font-weight: bold;">000117635470</div> <div style="font-size: 0.8em;">02/08/08--01050--011 **\$61.25</div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATERAKIS, JOHN 200 EAST 24TH ST., APT. 1203 NEW YORK, NY 10010 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: 				Joanne Rendall		1/11/08 (574) 264-3102	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>	