## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N0000001612



## FILED Mar 26, 2003 8:00 am Secretary of State

1. Entity Name WORLD YO	DUTH SALVATION BY CHRIS	03-26-2003 90152 028 ****61.25								
Principal Place of Business 9832 MOORINGS DR. JACKSONVILLE FL 32257		Mailing Address 9932 MOORINGS DR. JACKSONVILLE FL 32257			1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	<b>n</b> cer <b>24</b> er <b>38</b> te <b>5</b> 5	141 <b>43112 33</b> 1 <b>3</b>	6 11 <b>0</b> 66 <b>0</b> 11 <b>0</b> 3 100	10 110 100	
2. Principal Place of Business		3. Mailing Address								:
Suite, Apt. #, etc.		Suite, Apt. #, etc.			□ сн	ECK HERE IF	MAKING (	CHANGES		
City & State		City & State			4. FEI Number <b>59-3658259</b>			Applied For Not Applicable		
Zip Country		Zip		untry	5. Certificate of Status Desired   \$8.75 Additional Fee Required					
	6. Name and Address of Current F	Registered Agent		Nomo	7. Name and Addres	s of New Rec	istered A	gent		_
	· ======			Name	···					ĺ
	ORINGS DR.			Street Address	(P.O. Box Number is Not	Acceptable)				
JACKSUN	WILLE FL 32257			City			FL	Zip Code	,,,	
8. The above the obligation	named entity submits this statement for ons of registered agent.	the purpose of changing its	register	ed office or regist	ered agent, or both, in the	State of Florid	da. I am fa	miliar with, a	and accept	
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	nd Agent signature requir	red when reinstating)		DATE			1
FILE NOW: FEE IS \$61.25		- I	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State				
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANGES	TO OFFICERS	S AND DIR	ECTORS IN	10	
TITLE NAME	D DACANAY, FELIX G 9932 MOORINGS DR JACKSONVILLE FL 32257	☐ Delete						☐ Change	☐ Addition	CR2E037 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EHRENBERG, RONALD F 510 TERRACE WAY WOODSTOCK GA 30189	□ Delete	•					☐ Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, WILLIAM 140 BRASSY CT ALPHARETTA GA 30022-6855	☐ Delete		l.	-			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DACANAY, ROSALINDA G 9932 MOORINGS DR JACKSONVILLE FL 32257	☐ Delete	1					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied wil	Delete	CITY	ME IEET ADDRESS Y-ST-ZIP	Section 119 07/3Vi) Flori	da Statutes I t	further cert	Change	Addition	

rheleby certify that the information supplied with the first of the components of the corporation or the receiver or trusted employers 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 trusted employered 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 appears in Block 10 or Block 11 if

SIGNATURE: