

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90015 006 \*\*\*\*61.25

0003422

**DOCUMENT # N00000006875**

1. Entity Name

**WORLDWIDE CHRISTIAN SINGERS, INC.**

Principal Place of Business

**100 INTERNATIONAL PARKWAY STE 122  
 HEALTHROW FL 32746**

Mailing Address

**100 INTERNATIONAL PARKWAY STE 122  
 HEALTHROW FL 32746**

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

**59-3725423**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**ARNETTE, V GLENN III  
 100 INTERNATIONAL PARKWAY STE 122  
 HEALTHROW FL 32746**

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**

**After September 12, 2001, min. will be \$236.25**

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

TITLE **DP** ☐ Delete  
 NAME **ARNETTE, V GLENN III**  
 STREET ADDRESS **317 SOUTH SPAULDING COVE**  
 CITY-ST-ZIP **HEALTHROW FL 32746**

TITLE **DV** ☐ Delete  
 NAME **ARNETTE, SHANNON P**  
 STREET ADDRESS **317 SOUTH SPAULDING COVE**  
 CITY-ST-ZIP **HEALTHROW FL 32746**

TITLE **DS** ☐ Delete  
 NAME **SISTI, EDWARD A**  
 STREET ADDRESS **1572 ORTEGA AVE**  
 CITY-ST-ZIP **DELTONA FL 32736**

TITLE **DT** ☐ Delete  
 NAME **DOUGHERTY, PATRICIA A**  
 STREET ADDRESS **3994 BOWEN STREET**  
 CITY-ST-ZIP **ST LOUIS MI 63116**

TITLE **D** ☐ Delete  
 NAME **GUTHRIE, JAMES E**  
 STREET ADDRESS **PO BOX 540871**  
 CITY-ST-ZIP **ORLANDO FL 32854**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME **2018 Burlington Dr. E.**  
 STREET ADDRESS **Deltona, FL 32725**  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME **390 Palm Dr.**  
 STREET ADDRESS **Flagler Beach, FL 32136**  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME **2440 Carol Woods Way**  
 STREET ADDRESS **Apopka, FL 32712**  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**ARNETTE, V GLENN III (Pres)**

**7/19/01**

**407  
 829.23**

CR2E037 (5/01)