

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

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90138 042 \*\*\*\*61.25

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**323 Palm Dr.**

3. Mailing Address  
**323 Palm Dr.**

City & State  
**Flagler Beach, FL**  
Zip  
**32136**  
Country  
**USA**

City & State  
**Flagler Beach, FL**  
Zip  
**32136**  
Country  
**USA**

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**

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

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**323 Palm Dr.**  
City  
**Flagler Beach** **FL** Zip Code  
**32136**

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

*V Glenn Arnette III*

**2/6/03**

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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>ARNETTE, V GLENN III</b> <b>317 SOUTH SPAULDING COVE</b> <b>HEALTHROW FL 32746</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>ARNETTE, SHANNON P</b> <b>317 SOUTH SPAULDING COVE</b> <b>HEALTHROW FL 32746</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>SISTI, EDWARD A</b> <b>2018 BURLINGTON DR E</b> <b>DELTONA FL 32725</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>DOUGHERTY, PATRICIA A</b> <b>390 PALM DRIVE</b> <b>FLAGLER BEACH FL 32136</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GUTHRIE, JAMES E</b> <b>2440 CAROL WOODS WAY</b> <b>APOPKA FL 32712</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*V Glenn Arnette III*

**2/6/03 4016209592**

CR2E037 (10/02)