

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0055896

DOCUMENT # N01000005152

1. Entity Name

HIS WORLD MINISTRY, INC.

Principal Place of Business

**717 EAST OAK ST.
 KISSIMMEE FL 43744**

Mailing Address

**717 EAST OAK ST.
 KISSIMMEE FL 43744**

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

59-3731471

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

**BAUMRUK, ANDY J
 717 EAST OAK ST.
 KISSIMMEE FL 43744**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BAUMRUK, VERNON J	
STREET ADDRESS	717 EAST OAK ST.	
CITY-ST-ZIP	KISSIMMEE FL 43744	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BAUMRUK, MILDRED H	
STREET ADDRESS	717 EAST OAK ST.	
CITY-ST-ZIP	KISSIMMEE FL 43744	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BAUMRUK, KELLY S	
STREET ADDRESS	717 EAST OAK ST.	
CITY-ST-ZIP	KISSIMMEE FL 43744	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAUMRUK, ANDREW J	
STREET ADDRESS	717 EAST OAK ST.	
CITY-ST-ZIP	KISSIMMEE FL 43744	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANZEN, MICHELLE L	
STREET ADDRESS	415 LEMAY AVE.	
CITY-ST-ZIP	TYLER TX 75704	
TITLE	D	<input type="checkbox"/> Delete
NAME	FABER, ROBERT	
STREET ADDRESS	1409 LA HERMOSSA DR.	
CITY-ST-ZIP	THE VILLAGES FL 32159	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Andrew J. Baumruk
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-02

Date

Daytime Phone #

CR2E037 (9/01)