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

DOCUMENT # N0100005152

Entity Name

HIS WORLD MINISTRY, INC.



FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90171 008 ****61.25

| | | | | 00 WI 1 | | | | |
|---|--|---|--|--|----------------------------|--------------------------------------|-------------------------------------|------------------------------|
| Principal Pla 717 EAST OAI KISSIMMEE FI | | Mailing Address 717 EAST OAK ST. KISSIMMEE FL 43744 | | | 1 (00)(10) 6(1 00)(1) | 1181:1 881:11 881:11 881:11 881:11 8 | BIBI BIJŽI 11851 SIJ | LIE LIEI (201 |
| 2. Principal | Place of Business | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | City & State | | 4. FEI Number 59-3731471 Applied For | | · | | |
| Zip | Country | Zip | Country | | 5. Certificate of Statu | us Desired | \$8.75 Add | |
| | S. Name and Address of Co. | - Device and Barrel | J | | 7 11 | | Fee Require | 0 |
| | 6. Name and Address of Currer | it Hegistered Agent | Na | me | /. Name and Addres | ss of New Registered | Agent | |
| DALIMO | IK ANDV I | | | | | <u> </u> | | |
| Baumruk, andy j 717 East oak st. | | | Str | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | EE FL 43744 | | | | | | | |
| Moonini | CC 1 C 40144 | | | | | | | |
| | | | City | у | | Fl | Zip Code | e |
| 8. The above | e named entity submits this statement | for the purpose of changing it: | s registered offi | ice or register | red agent, or both, in the | State of Florida. I am | familiar with | and accept |
| | tions of registered agent. | | | J | | | | |
| | | | | • | | | | |
| SIGNATURE | | | | | | | | |
| | Signature, typed or winted name of registered age | nt and title if applicable. (NOT | TE: Registered Agent | signature required | d when reinstating) | DATE | | |
| ¢. | FILE NOW: FEE IS \$61.25 | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department | | | | | |
| 10. | OFFICERS AND D | DIRECTORS | 11. | | | | | |
| TITLE | IPD | □ Delete | | | ADDITIONS (CHANGES | TO OFFICERS AND D | IDECTODE IN | 10 |
| NAME . | BAUMRUK, VERNON J | | TITLE | | ADDITIONS/CHANGES | TO OFFICERS AND D | | |
| STREET ADDRESS | 1 - 1 · · · · · · · · · · · · · · · | | TITLE | | ADDITIONS/CHANGES | TO OFFICERS AND D | Change | 10 Addition |
| CITY-ST-ZIP | | | TITLE NAME STREET ADDI | | ADDITIONS/CHANGES | TO OFFICERS AND D | | |
| | I | | NAME | RESS | ADDITIONS/CHANGES | TO OFFICERS AND D | | |
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| TITLE | KISSIMMEE FL 43744 VD BAUMRUK, MILDRED H | ☐ Delete | NAME STREET ADDI CITY-ST-ZIF TITLE | RESS ? | | TO OFFICERS AND D | ☐ Change | Addition |
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12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 1409 LA HERMOSSA DR.

THE VILLAGES FL 32159

4/11/03