

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000006190	
1. Entity Name MW INTERNATIONAL MINISTRIES, INC.	

Principal Place of Business 13700 VIA ROMA CIRCLE CLERMONT, FL 34711	Mailing Address 13700 VIA ROMA CIRCLE CLERMONT, FL 34711
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DO NOT WRITE IN THIS SPACE



04132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3743304	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WERNING, MARK E
13700 VIA ROMA CIRCLE
CLERMONT, FL 34711

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) **DATE** _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

000000116645
04/16/04-80073-004 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WERNING, MARK E 13700 VIA ROMA CIRCLE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SULLIVAN, MICHAEL E 13700 VIA ROMA CIRCLE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WERNING, MARLENE H 13700 VIA ROMA CIRCLE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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: Mark E Werning **MARK E WERNING** **PRESIDENT** 4/16/04 352-291-7027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #