


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000006180 1. Entity Name WORLD WIDE MEDICAL MISSIONS, INC.		
Principal Place of Business 10 VALLEY VIEW ST., STE 101 PETERSBURG, WV 26847	Mailing Address 10 VALLEY VIEW ST., STE 101 PETERSBURG, WV 26847	



03232004 No Chg-NP CR2E037 (10/03)

4. FEI Number 04-3718235	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

6. Name and Address of Current Registered Agent JOHNSTON, ROSS M FERRARO AND ASSOCIATES, P.A. 4000 PONCE DE LEON BLVD., STE 730 CORAL GABLES, FL 33146		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KIM, JAMES JUPYUNG 10 VALLEY VIEW ST., STE 101 PETERSBURG, WV 26847
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JOHNSTON, ROSS M 4000 PONCE DE LEON BLVD., STE 730 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, WILLIAM N 1352 NE 104TH ST MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/29/04-80047-012 61.25

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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:  **JAMES J. KIM, M.D.** 3/23/04 (304) 257-9785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #