

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006180

FILED
Mar 04, 2006
Secretary of State

Entity Name: WORLD WIDE MEDICAL MISSIONS, INC.

Current Principal Place of Business:

10 VALLEY VIEW ST., STE 101
PETERSBURG, WV 26847

New Principal Place of Business:

Current Mailing Address:

10 VALLEY VIEW ST., STE 101
PETERSBURG, WV 26847

New Mailing Address:

FEI Number: 04-3718235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: KIM, JAMES JUPYUNG
Address: 10 VALLEY VIEW ST., STE 101
City-St-Zip: PETERSBURG, WV 26847

Title: DS () Delete
Name: JOHNSTON, ROSS M
Address: 4000 PONCE DE LEON BLVD., STE 730
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: JONES, WILLIAM N
Address: 1352 NE 104TH ST
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: MCDANIEL, DUKE A
Address: 304 VIRGINIA AVE.
City-St-Zip: PETERSBURG, WV 26847

Title: D () Delete
Name: CRITES, JOHN W
Address: 46 POINT DRIVE
City-St-Zip: PETERSBURG, WV 26847

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BENSENHAYER, JANE O
Address: HC 30, BOX 95
City-St-Zip: PETERSBURG, WV 26847

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES J. KIM

DPT

03/04/2006

Electronic Signature of Signing Officer or Director

Date