

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006180

FILED  
Jan 18, 2007  
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:

JOHNSTON, ROSS M  
JOHNSTON & JOHNSTON LAW OFFICE, P.A.  
10800 BISCAYNE BLVD. SUITE 540  
MIAMI, FL 33161 US

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:

01/18/2007

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: D ( ) Delete  
Name: BENSENHAVER, JANE O  
Address: HC 30, BOX 95  
City-St-Zip: PETERSBURG, WV 26847

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change ( ) Addition  
Name: JOHNSTON, ROSS M  
Address: 10800 BISCAYNE BLVD. SUITE 540  
City-St-Zip: MIAMI, FL 33161

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:

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, M.D.

DPT

01/18/2007

Electronic Signature of Signing Officer or Director

Date