

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000041

FILED
Sep 24, 2009
Secretary of State

Entity Name: WORLD CARE VISION INTERNATIONAL MINISTRY, CORP.

Current Principal Place of Business:

1717 NE 2 AVE
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

1425 NW 192 TERR
MIAMI, FL 33169

New Mailing Address:

FEI Number: 65-7204697 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DIEUVIL, GUILFORD
8757 BAYSTONE COVE
BOYNTON BEACH, FL 33473 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: PD () Delete
Name: DIEUVIL, GUILFORD
Address: 8757 BAYSTONE COVE
City-St-Zip: BOYTON BEACH, FL 33473

Title: AD () Delete
Name: PIERRE, LORETTE
Address: 708 DELANO AVE NW
City-St-Zip: PALM BAY, FL 32962

Title: ADM () Delete
Name: CASIMIR, MESIGUERRE
Address: 214 SW 9 ST
City-St-Zip: HALLANDALE, FL 33009

Title: ADV (X) Delete
Name: THERVENAY, JACQUELINE
Address: 1470 NW 110 ST
City-St-Zip: MIAMI, FL 33168

Title: MTER (X) Delete
Name: GILLIAN, DIEUVIL
Address: 1425 NW 192 TERR
City-St-Zip: MIAMI, FL 33169

Title: MTER () Delete
Name: BAPTISTE, MARIE E. JEAN
Address: 425 NW 192 TERR
City-St-Zip: MIAMI, FL 33169

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

I hereby certify that the information supplied with this filing does not qualify 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: GUILFORD DIEUVIL

P

09/24/2009

Electronic Signature of Signing Officer or Director

Date