

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009505

FILED
Feb 23, 2004
Secretary of State**Entity Name:** WORLD MISSION FOUNDATION, INC.**Current Principal Place of Business:**5 NW 43RD PLACE
MIAMI, FL 33126**New Principal Place of Business:****Current Mailing Address:**P. O. BOX 527731
MIAMI, FL 33152**New Mailing Address:****FEI Number:** 20-0744506**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GONZALEZ, ALLAN
5 NW 43RD PLACE
MIAMI, FL 33126**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: PFTC () Delete
Name: GONZALEZ, ALLAN
Address: P.O. BOX 527731
City-St-Zip: MIAMI, FL 33152

Title: D () Delete
Name: GONZALEZ, ALLAN
Address: P.O. BOX 527731
City-St-Zip: MIAMI, FL 33152

Title: SD () Delete
Name: DE LA FLOR, FERNANDO G. Z.
Address: P.O. BOX 527731
City-St-Zip: MIAMI, FL 33152

Title: VD (X) Delete
Name: CARO, PAUL
Address: P.O. BOX 527731
City-St-Zip: MIAMI, FL 33152

Title: D (X) Delete
Name: YOVERA, FERNANDO
Address: P.O. BOX 527731
City-St-Zip: MIAMI, FL 33152

Title: D () Delete
Name: GARCIA, NERY
Address: P.O. BOX 527731
City-St-Zip: MIAMI, FL 33152

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: MORALES, ARTURO
Address: P.O. BOX 527731
City-St-Zip: MIAMI, FL 33152

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

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

Title: VP (X) Change () Addition
Name: GARCIA, NERY
Address: 3263 SW 24 TER
City-St-Zip: MIAMI, FL 33145

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALLAN GONZALEZ

P

02/23/2004

Electronic Signature of Signing Officer or Director

Date