2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# N04000002613

Entity Name: WORLDVIEW MINISTRIES, INC.

Current Principal Place of Business:

7356 IRONSIDE DR E
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 441236
JACKSONVILLE, FL 32222

New Mailing Address:

FEI Number: 20-0863253 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SOUD, MICHAEL M DR.
7356 IRONSIDE DR E
JACKSONVILLE, FL 32244 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: P ( ) Delete
Name: SOUD, MICHAEL
Address: P.O. BOX 441236
City-St-Zip: JACKSONVILLE, FL 32222

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SOUD, MICHAEL DR,
Address: P.O. BOX 441236
City-St-Zip: JACKSONVILLE, FL 32222

Title: VP ( ) Change (X) Addition
Name: JOHNSON, TIMOTHY
Address: 6850 LONE STAR ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: SEC ( ) Change (X) Addition
Name: WEEKS, SUSAN
Address: 721 CASTLEDALE COURT
City-St-Zip: JACKSONVILLE, FL 32259

Title: TRES ( ) Change (X) Addition
Name: BONEY, WALT
Address: 6850 LONE STAR ROAD
City-St-Zip: JACKSONVILLE, FL 32211

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: MICHAEL SOUD P 01/08/2008

Electronic Signature of Signing Officer or Director — Date