2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # N04000009045

1. Entity Name
WORLD MISSIONS INFORMATION CENTER, INC.

Principal Place of Business	Mailing Address
11399 LAKEVIEW DRIVE UNIT 7 BLDG B CORAL SPRINGS, FL 33071	11399 LAKEVIEW DRIVE UNIT 7 BLDG B CORAL SPRINGS, FL 33071

DO NOT WRITE IN THIS SPACE

03242007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-1645544
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DA SILVA, JOA C
11399 LAKEVIEW DRIVE UNIT 7 BLDG B
CORAL SPRINGS, FL 33071

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 03/10/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DA SILVA, JOA C
STREET ADDRESS	11399 LAKEVIEW DRIVE UNIT 7 BLDG B
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	VD
NAME	DA SILVA, MAHELI C
STREET ADDRESS	11399 LAKEVIEW DRIVE UNIT 7 BLDG B
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	DST
NAME	DA SILVA, JENIFER C
STREET ADDRESS	11399 LAKEVIEW DRIVE UNIT 7 BLDG B
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000682926
04/05/07-80023-008 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 03/10/2007
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #