

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000369

FILED
May 02, 2008
Secretary of State

Entity Name: (WBTM) WORSHIPERS BY THE MULTITUDES, INC.

Current Principal Place of Business:

401 DANUBE DR
KISSIMMEE, FL 34759

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1655
HAINES CITY, FL 33845

New Mailing Address:

FEI Number: 20-4123844 **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:

Name and Address of New Registered Agent:

AKINS, PAMELA M
401 DANUBE DR
KISSIMMEE, FL 34759 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AKINS, PAMELA
Address: 401 DANUBE DR
City-St-Zip: KISSIMMEE, FL 34759

Title: S () Delete
Name: WEAVER, SHAREFAH
Address: 14081 OCEANPINE CIRCLE
City-St-Zip: ORLANDO, FL 32828

Title: T () Delete
Name: KING, OCTAVIUS
Address: 401 DANUBE DR.
City-St-Zip: KISSIMMEE, FL 34759

Title: BOM () Delete
Name: SULLEMUN, CARMEN
Address: 1025 DERBYSHIRE DR.
City-St-Zip: ORLANDO, FL 34758

Title: BOM (X) Delete
Name: TOLDSON, SHARON
Address: P.O. BOX 689691
City-St-Zip: ORLANDO, FL 32868

Title: BOM (X) Delete
Name: FARMER, LORI
Address: 5351 EDGEWATER DR.
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: AKINS, PAMELA
Address: 401 DANUBE DR
City-St-Zip: KISSIMMEE, FL 34759

Title: T (X) Change () Addition
Name: KING, OCTAVIUS
Address: 401 DANUBE DR
City-St-Zip: KISSIMMEE, FL 34759

Title: BOM (X) Change () Addition
Name: FARMER, LORI
Address: 5351 EDGEWATER DR.
City-St-Zip: ORLANDO, FL 32810

Title: BOM (X) Change () Addition
Name: FARMER, JAMES
Address: 5351 EDGEWATER DR.
City-St-Zip: ORLANDO, FL 32810

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: PAMELA AKINS

DIR

05/02/2008

Electronic Signature of Signing Officer or Director

Date