

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001297

FILED
Apr 20, 2008
Secretary of State

Entity Name: "WHOSOEVER WILL" EVANGELISTIC MISSIONARY MINISTRIES, INC.

Current Principal Place of Business:

6982 HOLLY DR.
BRADLEY, FL 33835

New Principal Place of Business:

Current Mailing Address:

PO BOX 210
BRADLEY, FL 33835

New Mailing Address:

FEI Number: 43-2097078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANCIL, TROY B REV.
6982 HOLLY DR.
BRADLEY, FL 33835 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: STANCIL, TROY B
Address: 6982 HOLLY DR.
City-St-Zip: BRADLEY, FL 33835

Title: TREA () Delete
Name: STANCIL, CASSIE
Address: 6982 HOLLY DR.
City-St-Zip: BRADLEY, FL 33835

Title: VP () Delete
Name: WARNER, LAUREA
Address: 85 BUFF RD.
City-St-Zip: MULBERRY, FL 33860

Title: CLER () Delete
Name: JOANN, CLEMON
Address: 1017 W ORANGE ST
City-St-Zip: LAKE LAND, FL 33802

Title: OFFE () Delete
Name: GLORIA, JACKSON
Address: 929 W ARIANA ST APT#17
City-St-Zip: LAKE LAND, FL 33801

Title: OFFE () Delete
Name: ROSA, BROWN
Address: 2941 MARTHA AVE
City-St-Zip: LAKE LAND, FL 33802

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: CLER (X) Change () Addition
Name: BETTY, STANCIL
Address: 275 HOLLY DR
City-St-Zip: LAKE LAND, FL 33835

Title: OFFE (X) Change () Addition
Name: MAMMIE, WELL
Address: 1515W10ST.
City-St-Zip: LAKE LAND, FL 33801

Title: OFFE (X) Change () Addition
Name: DEBBIE, MITCHELL
Address: 301 HOLLY DR
City-St-Zip: BRADLEY, FL 33835

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: TROY STANCIL

PRES

04/20/2008

Electronic Signature of Signing Officer or Director

Date