

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008125

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: MISSION WORLD MINISTRIES, INC.

## Current Principal Place of Business:

13406 LARAWAY DRIVE  
RIVERVIEW, FL 33569

## New Principal Place of Business:

## Current Mailing Address:

13406 LARAWAY DRIVE  
RIVERVIEW, FL 33569

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: PD ( ) Delete  
Name: HAND, NICK  
Address: 13406 LARAWAY DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

Title: VPD ( ) Delete  
Name: HAND, LORETTA  
Address: 13406 LARAWAY DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC ( ) Change (X) Addition  
Name: AGOTA, KOVACS  
Address: 32629 7TH AVE  
City-St-Zip: SAN ANTONIO, FL 33576 US

Title: TREA ( ) Change (X) Addition  
Name: CSABA, KOVACS  
Address: 32629 7TH AVE  
City-St-Zip: SAN ANTONIO, FL 33576 FL

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: NICK HAND

PD

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date