## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000008125

Entity Name: MICCIONI WORLD MINISTRIE

FILED Apr 27, 2008 Secretary of State

Entity Nam	ne: MISSION V	VORLD MINISTRIES, INC.						
Current Principal Place of Business:				New Principal Place of Business:				
13406 LARAWAY DRIVE RIVERVIEW, FL 33569				13406 LARAWAY DRIVE RIVERVIEW, FL 33579				
Current Mailing Address:				New Mailing Address:				
13406 LARAWAY DRIVE RIVERVIEW, FL 33569				13406 LARAWAY DRIVE RIVERVIEW, FL 33579				
FEI Number:		FEI Number Applied For ( )	FEI Numb	FEI Number Not Applicable (X)		Certifica	te of Status Desired ( )	
Name and	Address of Cu	rrent Registered Agent:	1	Name and	Address of N	lew Reg	istered Agent:	
515 EAST F	ECT AGENTS, I PARK AVENUE SEE, FL 32301							
The above in the State		bmits this statement for the p	ourpose of	changing it	ts registered o	ffice or re	egistered agent, or both,	
SIGNATUR	!E:							
Electronic Signature of Registered Agent				Date				
OFFICERS AND DIRECTORS:			1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PD () D HAND, NICK 13406 LARAWAY RIVERVIEW, FL	DRIVE	N A	Fitle: Name: Address: Dity-St-Zip:	PD (X HAND, NICK 13406 LARAW, RIVERVIEW, F	AY DRIVE	( ) Addition	
Title: Name: Address: City-St-Zip:	VPD () D HAND, LORETTA 13406 LARAWAY RIVERVIEW, FL	DRIVE	N A	Fitle: Name: Address: City-St-Zip:	VPD (X HAND, LORET 13406 LARAW, RIVERVIEW, F	TA AY DRIVE	( ) Addition	
Title: Name: Address: City-St-Zip:	SEC () D AGOTA, KOVACS 32629 7TH AVE SAN ANTONIO, F		N A	Fitle: Name: Address: City-St-Zip:	( )	) Change(	( ) Addition	
Title: Name: Address: City-St-Zip:	TREA () C CSABA, KOVACS 32629 7TH AVE SAN ANTONIO, F		N A	Fitle: Name: Address: City-St-Zip:	( )	) Change(	( ) Addition	

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 04/27/2008