2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N06000008125

Entity Name: MISSION WORLD MINISTRIES, INC.

Current Principal Place of Business:

13406 LARAWAY DRIVE
RIVERVIEW, FL 33579

New Principal Place of Business:

Current Mailing Address:

13406 LARAWAY DRIVE
RIVERVIEW, FL 33579

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 33579

Title: VPD ( ) Delete
Name: HAND, LORETTA
Address: 13406 LARAWAY DRIVE
City-St-Zip: RIVERVIEW, FL 33579

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

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

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: ( ) 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: NICK HAND PD 04/29/2009

Electronic Signature of Signing Officer or Director — Date