

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010956

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: CHRISTIAN DEVELOPMENT MINISTRIES WORLD WIDE, INC.

**Current Principal Place of Business:**

1136 KNOLL DRIVE WEST  
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

**Current Mailing Address:**

1136 KNOLL DRIVE WEST  
JACKSONVILLE, FL 32221

**New Mailing Address:**

FEI Number: 20-8408641      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

STONE, GLYNN N SR.  
1136 KNOLL DRIVE WEST  
JACKSONVILLE, FL 32221      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: STONE, GLYNN N SR.  
Address: 1136 KNOLL DRIVE WEST  
City-St-Zip: JACKSONVILLE, FL 32221

Title: SEC      ( ) Delete  
Name: SCRUGGS, ADINA L  
Address: 7811 CELESTE LANE  
City-St-Zip: HIXSON, TN 37343

Title: VP      ( ) Delete  
Name: STONE, GLYNN N JR.  
Address: 208 VALLEY BROOK DRIVE  
City-St-Zip: JACKSONVILLE, FL 30161

Title: VP      ( ) Delete  
Name: NUON, SITHON  
Address: 3419 EMAN DRIVE  
City-St-Zip: JACKSONVILLE, FL 32216

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VP      (X) Change ( ) Addition  
Name: STONE, GLYNN N JR.  
Address: 208 VALLEY BROOK DRIVE  
City-St-Zip: ROME, GA 30161

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: GLYNN N. STONE SR.

P

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date