

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006913

FILED  
Jan 31, 2009  
Secretary of State

**Entity Name:** WORLD CHRISTIAN MINISTRIES ASSOCIATION, INC.

**Current Principal Place of Business:**

1015 ATLANTIC BLVD.  
STE 456  
JACKSONVILLE, FL 32233

**New Principal Place of Business:**

**Current Mailing Address:**

1015 ATLANTIC BLVD.  
STE 456  
JACKSONVILLE, FL 32233

**New Mailing Address:**

**FEI Number:** 26-0293487

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRIGGS, FLORENDA  
1015 ATLANTIC BLVD.  
STE 456  
JACKSONVILLE, FL 32233 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: O/D ( ) Delete  
Name: BRIGGS, DANIEL A  
Address: 1015 ATLANTIC BLVD STE 456  
City-St-Zip: JACKSONVILLE, FL 32233 US

Title: DIR ( ) Delete  
Name: MURRAY, RICHARD  
Address: KYLEMORE LAURENCETOWN  
City-St-Zip: BALLINASLOE COUNTY GALWAY, IR NONE IR

Title: DIR ( ) Delete  
Name: YOUNG, BETH  
Address: 60 BOSTON ROAD  
City-St-Zip: WINTERPORT, ME 04496

**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:

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: DANIEL BRIGGS

O/D

01/31/2009

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

\_\_\_\_\_  
Date