2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N07276

Entity Name: WORLD YOUTH MINISTRIES, INC.

Current Principal Place of Business:

1725 SOUTH MONROE ST
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5144
TALLAHASSEE, FL 323145144 US

New Mailing Address:

P.O. BOX 5144
TALLAHASSEE, FL 32314 US

FEI Number: 59-3177632 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLBERT, III, THOMAS E P
1523 COLEMAN ST.
TALLAHASSEE, FL 32310 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:	COLBERT, THOMAS E III	
Address:	1523 COLEMAN ST.	
City-St-Zip:	TALLAHASSEE, FL 32310	
Title:	D	( ) Delete
Name:	RICHARDSON, CHANTHEA	
Address:	742 WEST 7TH AVENUE	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	SD	( ) Delete
Name:	TORRES, MARCELLA	
Address:	1486 LAKE BRADFORD RD	
City-St-Zip:	TALLAHASSEE, FL 32310	
Title:	V	( ) Delete
Name:	BLACKSHEAR, ALFREDA,, M.D.	
Address:	1215 LEE AVE	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	D	( ) Delete
Name:	MANDRELL, GERALD,	
Address:	1911 CHOWKEEBIN NENE CT	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	D	( ) Delete
Name:	WILLIAMS, JUANITA, P, H.D	
Address:	3005 WANISH WAY	
City-St-Zip:	TALLAHASSEE, FL 32310	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	RICHARDSON, CHANTHEA	
Address:	742 WEST 7TH AVENUE	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	D	(X) Change ( ) Addition
Name:	TORRES, MARCELLA	
Address:	1486 LAKE BRADFORD RD	
City-St-Zip:	TALLAHASSEE, FL 32310	
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: THOMAS E COLBERT III PD 04/01/2009

Electronic Signature of Signing Officer or Director — Date