


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N17890 1. Entity Name THE WORLD GOOD NEWS MISSIONS, INC. |  |
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| Principal Place of Business 2105 WORRINGTON ST SARASOTA, FL 34231 US | Mailing Address 2105 WORRINGTON ST SARASOTA, FL 34231 US |
|--|--|

DO NOT WRITE IN THIS SPACE



01102007 No Chg-NP CR2E037 (4/06)

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|---|---------------------------------------|
| 4. FEI Number 59-2753340 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**CARR, RICHARD
464 S. CREEK DRIVE
OSPREY, FL 34229**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|---|
| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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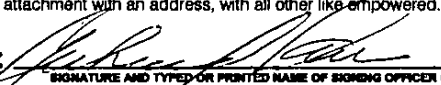
10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RATNARAO, L. 464 S. CREEK DRIVE OSPREY, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DAVIS, FRED 7358 PALOMINO LANE SARASOTA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CARR, RICHARD 464 S. CREEK DRIVE OSPREY, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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02/16/07-80029-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Richard Carr** 2-5-07 941-922-8444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #