

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N50223
1. Entity Name
THE WORLD BIBLE MINISTRY, INCORPORATED



Principal Place of Business
**GOD'S PLACE
101 IPSWICH STREET
BOCA RATON FL 33487**

Mailing Address
**GOD'S PLACE
101 IPSWICH STREET
BOCA RATON FL 33487**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number **65-0358166** Applied For Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**EBBITT, ANGELA MARIE REV.
GOD'S PLACE
101 IPSWICH STREET
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 re-registering) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	EBBITT	☐ Delete
NAME	EBBITT, ANGELA MARIE REV	
STREET ADDRESS	101 IPSWICH STREET	
CITY- ST- ZIP	BOCA RATON FL 33487	
TITLE	D	☐ Delete
NAME	VENERA, FRANCIS	
STREET ADDRESS	300 NW 34TH ST	
CITY- ST- ZIP	POMPANO BEACH FL 33064	
TITLE	D	☐ Delete
NAME	SEIWELL, ROBERT C JR	
STREET ADDRESS	5100 LAS VERDES CIRCLE	
CITY- ST- ZIP	DELRAY BEACH FL 33484	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 1 if changed, or on an attachment with an address, with all other like empowered.

Signature: Angela Marie Ebbitt
14th Floor Voice Mailer 954-426-7944