2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Aug 08, 2008 8:00 am Secretary of State DOCUMENT # N50223 1. Entity Name 08-08-2008 90016 001 \*\*\*\*70.00 THE WORLD BIBLE MINISTRY, INCORPORATED Principal Place of Business Mailing Address GOD'S PLACE 101 IPSWICH STREET BOCA RATON FL 33487 GOD'S PLACE 101 IPSWICH STREET BOCA RATON FL 33487 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 2nd MOORE CR2E037 (4/08) City & State City & State 4. EEI Number Applied For 65-0358166 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EBBITT, ANGELA MARIE REV. Street Address (P.O. Box Number is Not Acceptable) GOD'S PLACE 101 IPSWICH STREET BOCA RATON FL 33487 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By September 3, 2008 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DEbbiH, Angela Marie, Rev. Delete Mroc. THILE ☐ Change ☐ Addition EBBIH, ANGELA MARIÉ REV NAME NAME 101 IPSWICH STREET Director + President STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SEIWELL, ROBERT C JR NAME NAME 5100 LAS VERDES CIRCLE STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33484 CITY-ST-ZIP CITY-ST-ZIP \_\_\_\_\_\_ Delete TITLE ☐ Change TITLE ■ Addition SCHEDE, JAMES NAME NAME 3298 N DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS BOCA RATON FL 33431 Director CITY-ST-ZIP CITY-ST-ZIP Tille " D sched Brasetti Sharon Delete ☐ Change ☐ Addition . NAME B<del>IASETTI, SHARO</del>N NAME STREET ADDRESS STREET ADDRESS 3298 N DIXIE HIGHWAY CITY-ST-ZIP BOCA RATON FL 33431 CITY-ST-ZIP Director ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition

I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

NAME STREET ADDRESS

Marie SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED**