

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000366

1. Entity Name

WORLDWIDE BROADCASTING MINISTRIES, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90341 048 ****61.25

Principal Place of Business

Mailing Address

1704 NW 8TH AVE.
GAINESVILLE FL 32603
US

P.O. BOX 357
GAINESVILLE FL 32602-0357
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3308094

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOYLES, ROBERT G
1704 NW 8TH AVENUE
GAINESVILLE FL 32603

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.

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME VOYLES, ROBERT G
STREET ADDRESS 1704 NW 8TH AVENUE
CITY-ST-ZIP GAINESVILLE FL 32603

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

TITLE VD ☐ Delete
NAME VOYLES, JAMES W
STREET ADDRESS 1704 N.W. 8TH AVE.
CITY-ST-ZIP GAINESVILLE FL 32603

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

TITLE STD ☐ Delete
NAME VOYLES, ALICE M
STREET ADDRESS 1704 NW 8TH AVENUE
CITY-ST-ZIP GAINESVILLE FL 32603

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

TITLE D ☐ Delete
NAME BURNHAM, BILL
STREET ADDRESS 1985 OLD FOUNTAIN RD
CITY-ST-ZIP LAWRENCEVILLE GA 30243

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

TITLE D ☐ Delete
NAME BUTLER, TERRY
STREET ADDRESS 793 FLOWING WELL RD
CITY-ST-ZIP WAGENER SC 29164

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Robert G. Voyles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-00 352-378-3227

CR2E037 (9/99)