2001 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # N9500000366 04-23-2001 90247 009 ****70.00 WORLDWIDE BROADCASTING MINISTRIES, INC. Principal Place of Business Mailing Address 1704 NW 8TH AVE. P.O. BOX 357 GAINESVILLE FL 32603 GAINESVILLE FL 32602-0357 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-3308094 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) VOYLES, ROBERT G 4 1704 NW 8TH AVNEUE GAINESVILLE FL 32603 Zip Code City 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 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition PD ☐ Change TITLE Delete TITLE NAME VOYLES, ROBERT G NAME STREET ADDRESS STREET ADDRESS 1704 NW 8TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32603** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME VOYLES, JAMES W NAME STREET ADDRESS STREET ADDRESS 1704 N.W. 8TH AVE. CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32603 Delete TITLE ☐ Change Addition TITLE NAME NAME VOYLES, ALICE M STREET ADDRESS STREET ADDRESS 1704 NW 8TH AVENUE CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32603 Delete ☐ Change ☐ Addition TITLE NAME BURNHAM, BILL NAME STREET ADDRESS STREET ADDRESS 1985 OLD FOUNTAIN RD CITY-ST-7IP CITY-ST-ZIP LAWRENCEVILLE GA 30243 TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME **BUTLER. TERRY** STREET ADDRESS STREET ADDRESS 793 FLOWING WELL RD CITY-ST-ZIP CITY-ST-ZIP WAGENER SC 29164 TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS 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 embayered 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.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF