

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000366

FILED
Apr 05, 2005
Secretary of State

Entity Name: WORLDWIDE MINISTRIES, INC.

Current Principal Place of Business:

1704 NW 8TH AVE.
GAINESVILLE, FL 32603 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 357
GAINESVILLE, FL 326020357 US

New Mailing Address:

FEI Number: 59-3308094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOYLES, ROBERT G
1704 NW 8TH AVNEUE
GAINESVILLE, FL 32603 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VOYLES, ROBERT G
Address: 1704 NW 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32603

Title: VD () Delete
Name: VOYLES, JAMES W
Address: 1704 N.W. 8TH AVE.
City-St-Zip: GAINESVILLE, FL 32603

Title: STD () Delete
Name: VOYLES, ALICE M
Address: 1704 NW 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32603

Title: D () Delete
Name: BURNHAM, BILL
Address: 1985 OLD FOUNTAIN RD
City-St-Zip: LAWRENCEVILLE, GA 30243

Title: D () Delete
Name: BUTLER, TERRY
Address: 793 FLOWING WELL RD
City-St-Zip: WAGENER, SC 29164

Title: D () Delete
Name: PENDERGRAST, LARRY D
Address: 1441 SW CARL WILSON RD
City-St-Zip: FT WHITE, FL 32038

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT G. VOYLES

PD

04/05/2005

Electronic Signature of Signing Officer or Director

Date