

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90136 027 ****61.25

DOCUMENT # N95000002297

1. Entity Name

WORLD HARVEST MISSIONS, INC.



Principal Place of Business

11020 ROSEMARY DR
BONITA SPRINGS FL 34135

Mailing Address

P.O. BOX 2248
BONITA SPRINGS FL 34133

04000001

2. Principal Place of Business

11020 Rosemary Dr
Suite, Apt. #, etc.

3. Mailing Address

11020 Rosemary Dr
Bonita Springs,
City & State

City & State

Bonita Springs, FL

City & State

BONITA SPRINGS, FL

Zip
34135

Country
USA

Zip
34135

Country
USA

4. FEI Number

65-0618422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRUYNING, LUCIUS
11020 ROSEMARY DR
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name LUCIUS BRUYNING
Street Address (P.O. Box Number is Not Acceptable)
11020 Rosemary Dr
Bonita Springs, FL
City FL Zip Code 34135

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 4/30/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	PD	<input type="checkbox"/> Delete
NAME	BRUYNING, LUCIUS H	
STREET ADDRESS	P.O. BOX 2248 N/A	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ADAMS, WILFRED	
STREET ADDRESS	P.O. BOX 10769 N/A	
CITY-ST-ZIP	GEORGETOWN, GUYANA	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANKLIN, MARGARET	
STREET ADDRESS	6310 MARBUT FARMS TRAIL	
CITY-ST-ZIP	LITHONIA GA 30058	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BRUYNING, MAGNELL	
STREET ADDRESS	P.O. BOX 2248	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Lucius Bruynning (LUCIUS BRUYNING) 4/30/04 239/992/1211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #