

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003978 (1)**

1. Corporation Name

THE WOERNER FOUNDATION FOR WORLD MISSIONS, INC.



Principal Place of Business 505 S FLAGLER AVE SUITE 606 WEST PALM BEACH FL 33401	Mailing Address 505 S FLAGLER AVE SUITE 606 WEST PALM BEACH FL 33401
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3. Date Incorporated or Qualified 07/29/1996
4. FEI Number 65-0687188
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 505 S. Flagler Drive Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 505 S. Flagler Drive Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent PANZL, JOSEPH R 390 N ORANGE AVE SUITE 600 ORLANDO FL 32801

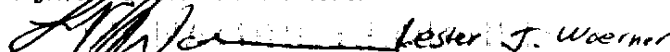
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOERNER, LESTER J	1.2 NAME	
STREET ADDRESS	1671 BREAKERS WEST BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOERNER, EDWARD J	2.2 NAME	
STREET ADDRESS	P.O. BOX 419 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	ELBERTA AL 36530	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOERNER, GEORGE A	3.2 NAME	
STREET ADDRESS	15109 COUNTY ROAD 87	3.3 STREET ADDRESS	
CITY-ST-ZIP	ELBERTA AL 36530	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOERNER, LARRY J	4.2 NAME	
STREET ADDRESS	2098 HENLEY PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOERNER, ROGER L	5.2 NAME	
STREET ADDRESS	2700 LOST BALL DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33872	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOERNER, EDWARD E	6.2 NAME	
STREET ADDRESS	28250 BRUHN ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ELBERTA AL 36530	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Lester J. Woerner** 4/14/98 (561) 835-3747

CP2E037 (10/97)