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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003978

1. Corporation Name

THE WOERNER FOUNDATION FOR WORLD MISSIONS, INC.

Principal Place of Business

505 S FLAGLER DR
SUITE 606
WEST PALM BEACH FL 33401
US

Mailing Address

505 S FLAGLER DR
SUITE 606
WEST PALM BEACH FL 33401
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/29/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0687188

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PANZL, JOSEPH R
390 N ORANGE AVE
SUITE 600
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME WOERNER, LESTER J
STREET ADDRESS 1671 BREAKERS WEST BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33411

1.1 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME WOERNER, EDWARD J
STREET ADDRESS P.O. BOX 419 N/A
CITY-ST-ZIP ELBERTA AL 36530

2.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME WOERNER, GEORGE A
STREET ADDRESS 15109 COUNTY ROAD 87
CITY-ST-ZIP ELBERTA AL 36530

3.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME WOERNER, LARRY J
STREET ADDRESS 2098 HENLEY PLACE
CITY-ST-ZIP WELLINGTON FL 33414

4.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME WOERNER, ROGER L
STREET ADDRESS 2700 LOST BALL DRIVE
CITY-ST-ZIP SEBRING FL 33872

5.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME WOERNER, EDWARD E
STREET ADDRESS 26250 BRUHN ROAD
CITY-ST-ZIP ELBERTA AL 36530

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lester J. Woerner 4-30-99

561-434-9407

Date

Daytime Phone #

CR2E037 (1/98)