

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003978

1. Entity Name

THE WOERNER FOUNDATION FOR WORLD MISSIONS, INC. ✓

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90152 026 \*\*\*\*61.25

Principal Place of Business

7171 AIRPORT RD.  
SEBRING FL 33870  
US

Mailing Address

7171 AIRPORT RD.  
SEBRING FL 33870  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

805-A No. McKenzie

Suite, Apt. #, etc.

City & State

Foley

AL

Zip

36535

Country

USA

4. FEI Number

65-0687188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Roger Woerner

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

7171 Airport Rd.

City

Sebring

FL

Zip Code  
33870

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 Roger L. Woerner, Secretary

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Roger L. Woerner 7/24/00*

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WOERNER, LESTER J	
STREET ADDRESS	1671 BREAKERS WEST BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WOERNER, EDWARD J	
STREET ADDRESS	P.O. BOX 419 N/A	
CITY-ST-ZIP	ELBERTA AL 36530	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WOERNER, GEORGE A	
STREET ADDRESS	15109 COUNTY ROAD 87	
CITY-ST-ZIP	ELBERTA AL 36530	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WOERNER, LARRY J	
STREET ADDRESS	2098 HENLEY PLACE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WOERNER, ROGER L	
STREET ADDRESS	2700 LOST BALL DRIVE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOERNER, EDWARD E	
STREET ADDRESS	26250 BRUHN ROAD	
CITY-ST-ZIP	ELBERTA AL 36530	

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	Chairman	<input checked="" 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	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" 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:

George A. Woerner, Chairman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*7/24/2000*

1-800-881-2829

Daytime Phone #