FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 30, 2002 8:00 am DOCUMENT # N9600003978 **Secretary of State** THE WOERNER FOUNDATION FOR WORLD MISSIONS, INC. 01-30-2002 90110 030 \*\*\*\*61.25 Principal Place of Business Mailing Address 7171 AIRPORT RD. 805-A N MCKENZIE SEBRING FL 33870 FOLEY AL 36535 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0687188 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) WOERNER, ROGER 7171 AIRPORT ROAD SEBRING FL 33870 Zip Code 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. ROGER L. WOERNER Secretary SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Addition TITLE Delete TITLE WOERNER, EDWARD J NAME NAME P.O. BOX 419 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ELBERTA AL 36530 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition woerner, george a NAME NAME 15109 COUNTY ROAD 87 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ELBERTA AL 36530 CITY-ST-ZIP VD TITLE \_\_ \_ Delete .\_\_ \_ TITLE \_\_ Change ☐ Addition WOERNER, ROGER L NAME NAME 2700 LOST BALL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Sebring FL 33872 CITY-ST-ZIP Delete ☐ Change ☐ Addition WOERNER, EDWARD E NAME NAME 26250 BRUHN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ELBERTA AL 36530 CITY-ST-ZIP TITLE Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 NWOERNER SCHAIRMAN (T SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR.

1-800-881-2928

Daytime Phone #