

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003978

FILED
Jan 21, 2004
Secretary of State

Entity Name: THE WOERNER FOUNDATION FOR WORLD MISSIONS, INC.

Current Principal Place of Business:

7171 AIRPORT RD.
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 820
815 N. MCKENZIE ST.
FOLEY, AL 36536 US

New Mailing Address:

FEI Number: 65-0687188 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

THORNE, STEVE
7171 AIRPORT ROAD
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: WOERNER, EDWARD J
Address: P.O. BOX 419 N/A
City-St-Zip: ELBERTA, AL 36530

Title: SD () Delete
Name: WOERNER, GEORGE A
Address: 15109 COUNTY ROAD 87
City-St-Zip: ELBERTA, AL 36530

Title: VD () Delete
Name: WOERNER, ROGER L
Address: 26400 WOERNER RD.
City-St-Zip: ELBERTA, AL 36530

Title: D () Delete
Name: WOERNER, EDWARD E
Address: 26250 BRUHN ROAD
City-St-Zip: ELBERTA, AL 36530

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: WOERNER, EDWARD J
Address: P.O. BOX 419
City-St-Zip: ELBERTA, AL 36530

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE A. WOERNER

SD

01/21/2004

Electronic Signature of Signing Officer or Director

_____ Date