


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000003978</b>	
1. Entity Name <b>THE WOERNER FOUNDATION FOR WORLD MISSIONS, INC.</b>	

Principal Place of Business <b>7171 AIRPORT RD. SEBRING, FL 33870 US</b>	Mailing Address <b>PO BOX 820 815 N. MCKENZIE ST. FOLEY, AL 36536 US</b>
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DO NOT WRITE IN THIS SPACE



02112005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0687188</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**THORNE, STEVE  
7171 AIRPORT ROAD  
SEBRING, FL 33870**

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IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WOERNER, EDWARD J P.O. BOX 419 ELBERTA, AL 36530
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WOERNER, GEORGE A 15109 COUNTY ROAD 87 ELBERTA, AL 36530
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WOERNER, ROGER L 26400 WOERNER RD. ELBERTA, AL 36530
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOERNER, EDWARD E 26250 BRUHN ROAD ELBERTA, AL 36530
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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U000000231848  
02/16/05-80046-009 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **02/16/05 251 943-3770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #