

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000003978

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



Principal Place of Business
5600 KENILWORTH BLVD
SEBRING, FL 33878 US

Mailing Address
PO BOX 820
818 N. MCKENZIE ST.
FOLEY, AL 36536 US



01262007 No Chg-NP CR2E037 (4/06)

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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

THORNE, STEVE
5600 KENILWORTH BLVD
SEBRING, FL 33878

**DO NOT WRITE
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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000617190
02/07/07-80064-026 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WOERNER, GEORGE A
STREET ADDRESS 28400 BURKART DRIVE
CITY-ST-ZIP ORANGE BEACH, AL 36549

TITLE SD
NAME WOERNER, ROGER L
STREET ADDRESS 26400 WOERNER RD.
CITY-ST-ZIP ELBERTA, AL 36530

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Norman Moore* NORMAN MOORE CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-07 251-943-4457

Date

Daytime Phone #