

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000006172	
1. Entity Name WORLD WIDE CHRISTIAN MINISTRY INCORPORATED	

Principal Place of Business NW 3RD AVENUE P.O. BOX 399 HAWTHORNE FL 32640	Mailing Address NW 3RD AVENUE P.O. BOX 399 HAWTHORNE FL 32640
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 59-3416556		Applied For ☐ No: Applicable
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WILLIAMS, ROBBIE G 13393 NE 21ST AVENUE SPARR FL 32192		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD WILLIAMS, ROBBIE G 13393 N.E. 21ST AVE SPARR FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition 000000913769 05/08/08-80029-015 70.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD WILLIAMS, ARCHIE D 13351 NE 21ST AVE RD SPARR FL 32192 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD WILLIAMS, DIANA 22825 SE 64TH PLACE HAWTHORNE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD MCDONALD, JOANN 24 BROWN-DONALDSON RD CRAWFORDVILLE FL 32327 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD HARVEY, ELIJAH A 9 HENRY DR CRAWFORDVILLE FL 32327 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 