2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2009
Secretary of State

DOCUMENT# N96000006172

Entity Name: WORLD WIDE CHRISTIAN MINISTRY INCORPORATED

Current Principal Place of Business:

NW 3RD AVENUE
P.O. BOX 399
HAWTHORNE, FL 32640

New Principal Place of Business:

6710 SE 209TH STREET
HAWTHORNE, FL 32640

Current Mailing Address:

NW 3RD AVENUE
P.O. BOX 399
HAWTHORNE, FL 32640

New Mailing Address:

PO BOX 399
HAWTHORNE, FL 32640

FEI Number: 59-3416556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, ROBBIE G
13393 NE 21ST AVENUE
SPARR, FL 32192 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: PD ( ) Delete
Name: WILLIAMS, ROBBIE G
Address: 13393 N.E. 21ST AVE
City-St-Zip: SPARR, FL

Title: VD ( ) Delete
Name: WILLIAMS, ARCHIE D
Address: 13351 NE 21ST AVE RD
City-St-Zip: SPARR, FL 32192

Title: SD ( ) Delete
Name: WILLIAMS, DIANA
Address: 22825 SE 64TH PLACE
City-St-Zip: HAWTHORNE, FL

Title: SD ( ) Delete
Name: MCDONALD, JOANN
Address: 24 BROWN-DONALDSON RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TD ( ) Delete
Name: HARVEY, ELIJAH A
Address: 9 HENRY DR
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated 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 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: ROBBIE G. WILLIAMS PD 08/30/2009

Electronic Signature of Signing Officer or Director — Date