

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003241

1. Entity Name

WORLD MISSIONS INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

100 GODDARD DRIVE  
DEBARY FL 32713

100 GODDARD DRIVE  
DEBARY FL 32713-2743

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3448368

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVANS, CHARLES E  
100 GODDARD DRIVE  
DEBARY FL 32713

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete

NAME LUTHE, C  
STREET ADDRESS 631 FAIR HAVEN AVE  
CITY-ST-ZIP DELTONA FL 32725

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME EVANS, A N  
STREET ADDRESS 19 E MAIN ST  
CITY-ST-ZIP AVON PARK FL 33825

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME PD  
STREET ADDRESS EVANS, C E  
CITY-ST-ZIP 100 GODDARD DR  
DEBARY FL 32713

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Charles E. Evans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-00

Date

904-532-3642

Daytime Phone #

CR2E037 (9/99)