NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State SION OF CORPORATIONS

FILED Feb 21, 1999 8:00 am Secretary of State

3. Date Incorporated or Qualifed

02-21-1999 90033 011 ****61.25

1999	TO WE THE	DIVIS	
OCUMENT #	N98000004	366	

WORLD MINISTRIES, INC.

Principal Place of Business

2302 23RD LANE LAKE WORTH FL 33463

2. Principal Place of Business

Corporation Name

Mailing Address

2302 23RD LANE

2a. Mailing Address

LAKE WORTH FL 33463

21		26	_			07/29/1998			
Suite, Ap	ot. #, etc.		Suite, Apt. #, etc.			4. FEI Number	> Ap	plied For	
22		27					No	t Applicable	
City & St	ate		City & State			5. Certifcate of Status Desired	\$8.75 A	Additional	
23		28				5. Certificate of Status Desired	Fee Re	quired	
Zip	Country		Zip	Counti	у	6. Election Campaign Financing	\$5.00	May Be	
24	25	29		30		Trust Fund Contribution	Added t	o Fees	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
				8	1 Name				
PARRISH	I, BRUCE W PA			8:	2 Street Addr	ress (P.O. Box Number is Not Acceptable)			
105 S. N	IARCISSUS AEVNUE					,			
	91412			8:	3				
WEST PA	ALM BEACH FL 33401			84	1 City		. 85 Zip C	`nde	
				1	City	· F	L S Zipc	,00 0	
office or agent.	registered agent, or both, in the State am familiar with, and accept the obligations.	of Floridations of,	a. Such change was aut Section #17/0503, Florid	horized by ta Statute	the corporations.	oration submits this statement for the purpose on's board of directors. I hereby accept the app	oi changing its	registered gistered	
SIGNATURE		512	0-0/1			1/8	7 YX	,	
12.	Signature, typed or printed name of registered base			legistered Age	ent signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DUDE OF O	DO 151 40	
TITLE	OFFICERS AT	ND DIKE	DELETE	.		ADDITIONS/CHANGES TO OFFICERS		MS IN 12	
	PD		□ pereie	1.1 TITLE			Change	L Addition	
NAME	LOTT, THEODORE W			1.2 NAME		•		•	
STREET ADDRES					TADORESS		- ·	٠.	
CITY-ST-ZIP	LAKE WORTH FL 33463		□ pci čtc	1.4 CITY-	ST-ZIP	······································			
I TITLE	VD		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME	WALTERS, GAIL			2.2 NAME					
STREET ADDRES	100 1101 110111 0111.			2.3 STREE	TADDRESS				
CITY-ST-ZIP	CARTHAGE MS 39051			2. 4 CITY-	ST-ZIP				
TITLE	SDTL		☐ DELETE	3.1 TITLE		\mathcal{T}	Change	Addition	
NAME	ZOTT RS, VIVIAN			3.2 NAME	1	ott, Vivian			
STREET ADDRESS	TOOL COID DITE			3.3 STREE	TADDRESS 2	302-23 rd Lane ake worth, Fl. 3346	2		
CITY-ST-ZIP	LAKE WORTH FL 33463			3.4. CITY-	ST-ZIP A	ake worth, Fl. 2346			
TITLE			☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME				4. 2 NAME		•			
STREET ADDRESS	s			4.3 STREE	TADDRESS				
CITY-ST-ZIP				AA CITV-S	T. 710	•			

14. 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 annual report or supplemental annual 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 12 or Block 13 if chapged, or on an attachment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

☐ DELETE

DELETE

☐ Addition

Addition

☐ Change

Change