

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004366

1. Entity Name

WORLD MINISTRIES, INC.

Principal Place of Business

Mailing Address

2302 23RD LANE
LAKE WORTH FL 33463

2302 23RD LANE
LAKE WORTH FL 33463

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

NOT APPLICABLE

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

PARRISH, BRUCE W PA
105 S. NARCISSUS AVENUE
SUITE 412
WEST PALM BEACH FL 33401

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 PD ☐ Delete
NAME LOTT, THEODORE W
STREET ADDRESS 2302 23RD STREET
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME WALTERS, GAIL
STREET ADDRESS 405 NO. MATT STREET
CITY-ST-ZIP GARTHAGE MS 39051

TITLE ☒ Change ☐ Addition
NAME V O
STREET ADDRESS walters, Gail
CITY-ST-ZIP 176 Mc Mahan
Purvis, Ms. 39475

TITLE ST ☐ Delete
NAME LOTT, VIVIAN
STREET ADDRESS 2302 23RD LANE
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/01

(561) 965-9164

CR2E037 (10/00)

0054393

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90075 017 ****61.25



DO NOT WRITE IN THIS SPACE