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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000006541

1. Corporation Name

WORLD SYSTEM OF MISSIONS, INC.

Principal Place of Business

Mailing Address

602 CENTER RD.
FT. MYERS FL 33907

602 CENTER RD.
FT. MYERS FL 33907



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 10701 GLADIOLUS DR.		26 4041 RAINBOW DR.		11/16/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0881030	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23 FORT MYERS, FL.		28 FORT MYERS, FL		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24 33908		29 33916		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25 LEE		30 LEE			

9. Name and Address of Current Registered Agent

PAIVA, CALBY
602 CENTER RD.
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name	PAIVA, CALBY REV.
82 Street Address (P.O. Box Number is Not Acceptable)	4041 RAINBOW DR.
83	
84 City	FORT MYERS FL
85 Zip Code	33916

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSVP	1.1 TITLE	DSVP
NAME	ABREU, JACILEIA	1.2 NAME	ABREU, JACILEIA
STREET ADDRESS	602 CENTER RD.	1.3 STREET ADDRESS	4041 RAINBOW DR
CITY-ST-ZIP	FT. MYERS FL 33907	1.4 CITY-ST-ZIP	FORT MYERS, FL. 33916
TITLE	D	2.1 TITLE	D
NAME	KING, WESLEY REV.	2.2 NAME	KING, WESLEY REV.
STREET ADDRESS	602 CENTER RD.	2.3 STREET ADDRESS	10701 GLADIOLUS DR.
CITY-ST-ZIP	FT. MYERS FL 33907	2.4 CITY-ST-ZIP	FT. MYERS FL- 33908
TITLE	DT	3.1 TITLE	DT.
NAME	MONTE, RUTH	3.2 NAME	RUTH MONTE.
STREET ADDRESS	602 CENTER RD.	3.3 STREET ADDRESS	1702 SE 20 TH AVE.
CITY-ST-ZIP	FT. MYERS FL 33907	3.4 CITY-ST-ZIP	CAPE CORAL, FL. 33990
TITLE	P	4.1 TITLE	P.
NAME	PAIVA, CALBY	4.2 NAME	PAIVA CALBY REV.
STREET ADDRESS	602 CENTER RD.	4.3 STREET ADDRESS	4041 RAINBOW DR
CITY-ST-ZIP	FT. MYERS FL 33907	4.4 CITY-ST-ZIP	FORT MYERS, FL 33916
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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

08.06.99 (941) 850 6731

Date

Daytime Phone #

CR2E037 (11/98)