

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002020

FILED  
Feb 09, 2007  
Secretary of State

Entity Name: WOERNER WORLD MINISTRIES, INC.

**Current Principal Place of Business:**

777 S. FLAGLER DR.  
SUITE 1100 EAST  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

777 S. FLAGLER DR.  
SUITE 1100 EAST  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number: 65-0907241

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES FOSTER SERVICE, LLC  
505 S FLAGLER DRIVE STE 1100  
WEST PALM BEACH, FL 33401 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: CP ( ) Delete  
Name: WOERNER, LESTER J  
Address: 777 SOUTH FLAGLER DRIVE, SUITE 1100 EAST  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DVP ( ) Delete  
Name: MILLER, KATHY T  
Address: 777 SOUTH FLAGLER DRIVE, SUITE 1100 EAST  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DS ( ) Delete  
Name: WILLIAMS, T. DAVID JR.  
Address: 777 SOUTH FLAGLER DRIVE, SUITE 1100 EAST  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T ( ) Delete  
Name: WEIMER, CHRISTINA  
Address: 777 S. FLAGLER DRIVE, SUITE 1100 EAST  
City-St-Zip: WEST PALM BEACH, FL 33401 US

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: T. DAVID WILLIAMS, JR.

DS

02/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date