

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000004026**

1. Entity Name  
**WORLDWIDE MEDICAL-DENTAL EVANGELICAL  
MISSION, INC.**



Principal Place of Business  
**1615 FARRIER TRAIL  
CLEARWATER, FL 33765**

Mailing Address  
**1615 FARRIER TRAIL  
CLEARWATER, FL 33765**



04272005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**22-3663579**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SOLIMAN, SHOUKRY  
1615 FARRIER TRAIL  
CLEARWATER, FL 33765**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
SOLOMAN, SABRIE  
1615 FARRIER TRAIL  
CLEARWATER, FL 33765**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
ALLISON, LINDA  
1615 FARRIER TRAIL  
CLEARWATER, FL 33765**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000358372  
05/04/05-80112-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 #

*S. Shoukry Soliman* **Shoukry Soliman** 4-28-05 727-791-7295