


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000004026 1. Entity Name WORLDWIDE MEDICAL-DENTAL EVANGELICAL MISSION, INC.	
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Principal Place of Business 1615 FARRIER TRAIL CLEARWATER, FL 33765	Mailing Address 1615 FARRIER TRAIL CLEARWATER, FL 33765
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DO NOT WRITE IN THIS SPACE



02062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 22-3663579	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/27/08-80057-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Shoukry Soliman **SHOUKRY SOLIMAN** 4-29-08 727-791-7285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #