


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90121 049 ***150.00

DOCUMENT # P02000056391	
1. Entity Name Real World Missions, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 417 NW 7th Street	3. Mailing Address P.O. Box 1870
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Delray Beach, Florida	City & State Delray Beach, Florida	4. FEI Number 56-2219478	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33444	Country USA	Zip 33447	Country USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name J. Danny Pearcy
Street Address (P.O. Box Number is Not Acceptable)
417 NW 7th Street
City Delray Beach, FL Zip Code 33444

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 reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	J. Danny Pearcy, Director 417 NW 7 Street Delray Beach, Florida 33444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael C. Green, Financial Officer 6500 SW 47 Street Davie, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.29.2003

Date

561.279.4104

Daytime Phone #

CR2E034B (12/02)