



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90004 016 ***150.00

DOCUMENT # P03000012412 1. Entity Name WORLD WIDE MISSION MANAGEMENT, INC.					
Principal Place of Business 4131 N.W. 13 STREET SUITE 105 GAINESVILLE, FL 32609 <i>2223 E. Univ. Ave. Gainesville, Florida 32641</i>			Mailing Address 4131 N.W. 13 STREET SUITE 105 GAINESVILLE, FL 32609		
2. Principal Place of Business <i>2223 E. University Avenue</i> Suite, Apt. #, etc.		3. Mailing Address <i>2223 E. University Avenue</i> Suite, Apt. #, etc.		50063617 	
City & State Gainesville, FL		City & State Gainesville, FL		4. FEI Number 57-1148106	
Zip 32641		Country Alachua		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALKER, MURIEL W 2223 EAST UNIVERSITY AVENUE GAINESVILLE, FL 32641				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WALKER, MURIEL W 2223 E. UNIVERSITY AVENUE GAINESVILLE, FL 32641	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WHITE, SARA T 2223 E. UNIVERSITY AVENUE GAINESVILLE, FL 32641	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BAILEY, TAKALA 2229 E. UNIVERSITY AVENUE GAINESVILLE, FL 32641	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Muriel W. Walker</i>		<i>08/22/05</i>		<i>352 378-4108</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	