

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31549

FILED
Feb 02, 2005
Secretary of State

Entity Name: WORLD GOSPEL MISSION, INCORPORATED

Current Principal Place of Business:

3783 STATE RD. 18 EAST
MARION, IN 469520948

New Principal Place of Business:

Current Mailing Address:

3783 STATE RD. 18 EAST
PO BOX 948
MARION, IN 469520948 US

New Mailing Address:

FEI Number: 35-0911947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, MARY LOU
1042 N BRAINERD
AVON PARK, FL 33825 US

Name and Address of New Registered Agent:

CRIST, LEE
1042 N BRAINERD
AVON PARK, FL 33825 US

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: LEE CRIST

02/02/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARRIMAN, HUBERT P
Address: 3783 STATE RD. 18 EAST
City-St-Zip: MARION, IN 46952

Title: S () Delete
Name: MCCOLLUM, SHELLY
Address: 3783 STATE ROAD, 18 EAST
City-St-Zip: MARION, IN 46952

Title: DC () Delete
Name: LAUTER, ROY
Address: 409 AKERS DR.
City-St-Zip: WILMORE, KY 40390

Title: T () Delete
Name: LINDVALL, BRENT
Address: 3783 STATE RD. 18 EAST
City-St-Zip: MARION, IN 46952

Title: SD () Delete
Name: SILLS, JOHN F
Address: 1119 CAYUSE CIRCLE SE
City-St-Zip: SALEM, OR 97306

Title: VD () Delete
Name: GERALD, BILLY F
Address: 995 GREENVIEW TRAIL, NE
City-St-Zip: BROOKHAVEN, MS 39601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MCCOLLUM, SHELLY
Address: 3783 STATE ROAD 18 EAST
City-St-Zip: MARION, IN 46952

Title: CD (X) Change () Addition
Name: LAUTER, ROY
Address: 409 AKERS DR.
City-St-Zip: WILMORE, KY 40390

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 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 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: SHELLY MCCOLLUM

S

02/02/2005

Electronic Signature of Signing Officer or Director

Date