

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31549

FILED
Feb 10, 2009
Secretary of State

Entity Name: WORLD GOSPEL MISSION, INCORPORATED

Current Principal Place of Business:

3783 STATE RD. 18 EAST
MARION, IN 469520948 US

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:

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

Name and Address of New Registered Agent:

CRIST, LEE
238 NAUTILUS WAY
TREASURE ISLAND, FL 33706 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:

02/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

Title: SD () Delete
Name: TIPTON, DANIEL L DR.
Address: 23275 BOLENDER PONTIOUS ROAD
City-St-Zip: CIRCLEVILLE, OH 43113 US

Title: VD () Delete
Name: TRUEX, MELVIN REV.
Address: 179 SKYLINE DRIVE
City-St-Zip: LANCASTER, OH 43130 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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 exemption stated 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 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

02/10/2009

Electronic Signature of Signing Officer or Director

Date