

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009045

**FILED**  
**Feb 20, 2014**  
**Secretary of State**  
**CC9018997675**

**Entity Name:** WORLD MISSIONS INFORMATION CENTER, INC.

**Current Principal Place of Business:**

2681 N FLAMINGO RD  
#1608  
SUNRISE, FL 33323

**Current Mailing Address:**

2681 N FLAMINGO RD  
#1608  
SUNRISE, FL 33323 US

**FEI Number:** 20-1645544

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DA SILVA, JOA C  
2681 N FLAMINGO ROAD  
APT 1608  
SUNRISE, FL 33323 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name DA SILVA, JOA C  
Address 2681 N FLAMINGO ROAD APT 1608  
City-State-Zip: SUNRISE FL 33323

Title VD  
Name DA SILVA, STEVEN C  
Address 2681 N FLAMINGO ROAD APT 1608  
City-State-Zip: SUNRISE FL 33323

Title DST  
Name DA SILVA, JENNIFER C  
Address 2681 N FLAMINGO ROAD APT 1608  
City-State-Zip: SUNRISE FL 33323

*I hereby 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 all other like empowered.*

**SIGNATURE:** JENNIFER C DA SILVA

DST

02/20/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date