FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 18 PM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700969 (9)

1. Corporation Name
WORLD EVANGELISM,INC.

Principal Place of Business	Mailing Address
6974 ALT-BAB-PARK CUT OFF RD. BARTOW, FL P.O. BOX 1306 LAKE WALES FL 33859	6974 ALT-BAB-PARK CUT OFF RD. BARTOW, FL P.O. BOX 1306 LAKE WALES FL 33859

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1960
3a. Date of Last Report: 03/23/1994
4. FEI Number: 59-6155022 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
1	26
Suite, Apt. #, etc. 2	Suite, Apt. #, etc. 27
City & State 3	City & State 28
Zip / Country 4 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

WINE, DEBORAH
ALTURAS-BABSON PARK CUT OFF ROAD
BARTOW 33830

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	WINE, DAVID E.	1.2 NAME	
STREET ADDRESS	ALTU-BAB.CUT-OFF RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	WINE, EMORY L.	2.2 NAME	
STREET ADDRESS	337 W CENTRAL AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MCCLAIN, DOROTHY	3.2 NAME	
STREET ADDRESS	2700 PENNSYLVANIA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KANNAPOLIS NC	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	PEARCE, EASTER	4.2 NAME	
STREET ADDRESS	325 SHADY OAK AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MOTT, HELEN	5.2 NAME	
STREET ADDRESS	115 MYRTLE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	WINE, DEBORAH	6.2 NAME	
STREET ADDRESS	ALTU-BAB. CUT-OFF RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David E. Wine President 4/12/95 813 638 4011
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

000131