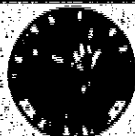


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 700969

(9)

1. Corporation Name

WORLD EVANGELISM, INC.

Principal Place of Business

Mailing Address

**6574 ALT-BAB-PARK CUT OFF RD. BARTOW, FL
P.O. BOX 1306
LAKE WALES FL 33859**

**6574 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 3a. Date of Last Report

05/18/1990

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 Suite, Apt. #, etc.

2b Suite, Apt. #, etc.

3 City & State

27 City & State

4 Zip

Country

28 Zip

Country

5

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

1. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

2. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	WINE, DAVID E.
STREET ADDRESS	ALTU-BAB.CUT-OFF RD
CITY - ST - ZIP	BARTOW FL
TITLE	V
NAME	WINE, EMORY L.
STREET ADDRESS	337 W CENTRAL AVE
CITY - ST - ZIP	LAKE WALES FL
TITLE	D
NAME	MCCLAIN, DOROTHY
STREET ADDRESS	2700 PENNSYLVANIA AVE
CITY - ST - ZIP	KANNAPOLIS NC
TITLE	D
NAME	PEARCE, EASTER
STREET ADDRESS	325 SHADY OAK AVE
CITY - ST - ZIP	LAKE WALES FL
TITLE	D
NAME	MOTT, HELEN
STREET ADDRESS	115 MYRTLE STREET
CITY - ST - ZIP	BARTOW FL
TITLE	S
NAME	WINE, DEBORAH
STREET ADDRESS	ALTU-BAB. CUT-OFF RD
CITY - ST - ZIP	BARTOW FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Daytime Phone #