

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700969 (9)
1. Corporation Name
WORLD EVANGELISM, INC.

Principal Place of Business 6974 ALT-BAB-PARK CUT OFF RD. BARTOW. FL P.O. BOX 1306 LAKE WALES FL 33859	Mailing Address 6974 ALT-BAB-PARK CUT OFF RD. BARTOW. FL P.O. BOX 1306 LAKE WALES FL 33859
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21 Principal Place of Business Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a Mailing Address Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/18/1960
4. FEI Number 59-6155022
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent WINE, DEBORAH ALTURAS-BABSON PARK CUT OFF ROAD BARTOW FL 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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
STREET ADDRESS	NAME	1.2 NAME	
CITY-ST-ZIP	NAME	1.3 STREET ADDRESS	
	NAME	1.4 CITY-ST-ZIP	
	NAME	2.1 TITLE	Change Addition
	NAME	2.2 NAME	
	NAME	2.3 STREET ADDRESS	
	NAME	2.4 CITY-ST-ZIP	
	NAME	3.1 TITLE	Change Addition
	NAME	3.2 NAME	
	NAME	3.3 STREET ADDRESS	
	NAME	3.4 CITY-ST-ZIP	
	NAME	4.1 TITLE	Change Addition
	NAME	4.2 NAME	
	NAME	4.3 STREET ADDRESS	
	NAME	4.4 CITY-ST-ZIP	
	NAME	5.1 TITLE	Change Addition
	NAME	5.2 NAME	
	NAME	5.3 STREET ADDRESS	
	NAME	5.4 CITY-ST-ZIP	
	NAME	6.1 TITLE	Change Addition
	NAME	6.2 NAME	
	NAME	6.3 STREET ADDRESS	
	NAME	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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:

Deborah Wine

Deborah Wine

4-23-98

(904)

537-1883

CR2E037 (10/97)