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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **700969**

1. Corporation Name
WORLD EVANGELISM,INC.

411949 - 90055 - 28

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

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 05/18/1960

4. FEI Number: 59-6155022 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

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 _____ 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	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	WINE, DAVID E.		1.2 NAME	Wine, Betty Ruth	
STREET ADDRESS	ALTU-BAB.CUT-OFF RD		1.3 STREET ADDRESS	2931 Jasmine Avenue	
CITY-ST-ZIP	BARTOW FL		1.4 CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	VD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	WINE, EMORY L.		2.2 NAME	Pruitt, Kathryn	
STREET ADDRESS	337 W CENTRAL AVE		2.3 STREET ADDRESS	320 Weaver Avenue	
CITY-ST-ZIP	LAKE WALES FL		2.4 CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	PEARCE, EASTER		3.2 NAME	Lee, Robert E.	
STREET ADDRESS	325 SHADY OAK AVE		3.3 STREET ADDRESS	01 Weiberg Road	
CITY-ST-ZIP	LAKE WALES FL		3.4 CITY-ST-ZIP	Dundee, FL 33838	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	MOTT, HELEN		4.2 NAME	Lee, Frances P.	
STREET ADDRESS	115 MYRTLE STREET		4.3 STREET ADDRESS	01 Weiberg Road	
CITY-ST-ZIP	BARTOW FL		4.4 CITY-ST-ZIP	Dundee, FL 33838	
TITLE	SD	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	WINE, DEBORAH		5.2 NAME	Carroll, Virginia P.	
STREET ADDRESS	ALTU-BAB. CUT-OFF RD		5.3 STREET ADDRESS	324 Hibiscus Drive	
CITY-ST-ZIP	BARTOW FL		5.4 CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	Daughtry, Sylvia	
STREET ADDRESS			6.3 STREET ADDRESS	124 Gardner Avenue	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Lake Wales, FL 33853	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Emory L. Wine SIGNATURE REQUIRED Emory L. Wine 4/22/99 941 676-7531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #