2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90034 016 ****61.25

DOCUMENT # 700969

1. Entity 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 33859-1306

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WINE, DEBORAH ALTURAS-BABSON PARK CUT OFF ROAD BARTOW FL 33830	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WINE, DAVID E. ALTU-BAB.CUT-OFF RD BARTOW FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WINE, EMORY L. 337 W CENTRAL AVE LAKE WALES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WINE, BETTY R 2931 JASMINE AVENUE LAKE WALES FL 33853	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, ROBERT E 320 WEAVER AVENUE LAKE WALES FL 33853	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WINE, DEBORAH ALTU-BAB. CUT-OFF RD BARTOW FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, ROBERT E 01 WEIBERG ROAD DUNDEE FL 33838	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Emory L. Wine Emory L. Wine 4/21/2000 (941) 676-7531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

Attachment
648390

DOCUMENT # 700969

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip [25] Country

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	

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 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 #