

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # 700969 1. Entity Name WORLD EVANGELISM, INC.	
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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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DO NOT WRITE IN THIS SPACE



03132004 No Chg-NP CR2E037 (10/03)

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

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

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

* Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000091740 03/18/04-80021-016 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WINE, DAVID E. ALTU-BAB, CUT-OFF RD BARTOW, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WINE, EMORY L 337 W CENTRAL AVE LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WINE, BETTY R 2931 JASMINE AVENUE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRUITT, KATHRYN 320 WEAVER AVENUE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WINE, DEBORAH ALTU-BAB, CUT-OFF RD BARTOW, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEE, ROBERT E 01 WEIBERG ROAD DUNDEE, FL 33838

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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 E. MORY L. WINE 3-15-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

863-676-7531