

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 750437 (6)

1. Corporation Name
WAGNER EVANGELISTIC ASSOCIATION, INC.



Principal Place of Business: 261 TRIPLET LAKE DR CASSELBERRY FL 32707 US
Mailing Address: 108 POPLAR PLACE LONGWOOD FL 32750

3. Date Incorporated or Qualified: 12/31/1979
3a. Date of Last Report: 05/01/1995

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)

21: [Blank]
22: [Blank]
23: [Blank]
24: [Blank]
25: [Blank]
26: 604 Waverly Ln
27: Maitland, FL
28: Maitland, FL
29: 32751
30: U.S.

4. FEI Number: 59-2001348
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

WAGNER, JOHN C.
261 TRIPLET LAKE DR.
CASSELBERRY FL 32707

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, JOHN	1.2 NAME	
STREET ADDRESS	108 POPLAR PLACE	1.3 STREET ADDRESS	604 Waverly Ln
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWERY, SUSAN	2.2 NAME	Susan Wagner
STREET ADDRESS	9906 ST RD. 535 D	2.3 STREET ADDRESS	604 Waverly Lane
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOLLUM, JIM	3.2 NAME	
STREET ADDRESS	108 POPULAR PL	3.3 STREET ADDRESS	604 Waverly Ln
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: John Wagner John Wagner 3-6-96 (407)629-7368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)