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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

261 TRIPLET LAKE DR
CASSELBERRY FL 32707
US

604 WAVERLY LANE
MAITLAND FL 32751-6376
US

3. Date Incorporated or Qualified
12/31/1979

3a. Date of Last Report
03/25/1996

2. Principal Place of Business

21 3900 Rose of Sharon

2a. Mailing Address

26 3900 Rose of Sharon Dr.

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

23 Orlando

27 City & State

28 Orlando FL

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

24 Zip FL 32808

25 Country US

29 Zip 32808

30 Country US

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 John C Wagner

82 Street Address (P.O. Box Number is Not Acceptable)
3900 Rose of Sharon Dr

83

84 City Orlando FL 85 Zip Code 32808

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE PTD
NAME WAGNER, JOHN
STREET ADDRESS 604 WAVERLY LANE
CITY-ST-ZIP MAITLAND FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 3900 Rose of Sharon Dr
1.4 CITY-ST-ZIP Orlando, FL 32808

TITLE DS
NAME WAGNER, SUSAN
STREET ADDRESS 604 WAVERLY LANE
CITY-ST-ZIP MAITLAND FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS 3900 Rose of Sharon Dr
2.4 CITY-ST-ZIP Orlando FL 32808

TITLE D
NAME MCCOLLUM, JIM
STREET ADDRESS 604 WAVERLY LANE
CITY-ST-ZIP MAITLAND FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS 3900 Rose of Sharon Dr
3.4 CITY-ST-ZIP Orlando FL 32808

TITLE DELETE

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

John C. Wagner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 3-1-97 (407) 767-6382
Daytime Phone # 0014129

CR2E037 (9/96)