


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **841671** (1)
1. Corporation Name
WORLD EVANGELISM OF THE STATE OF CALIFORNIA, INC.



Principal Place of Business INTERNATIONAL HEADQUARTERS P O BOX 85277 SAN DIEGO CA 92186	Mailing Address INTERNATIONAL HEADQUARTERS P O BOX 85277 SAN DIEGO CA 92186-5277
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3. Date Incorporated or Qualified 10/25/1978	3a. Date of Last Report 05/01/1996
4. FEI Number 95-2372233	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent WINTER, EDWARD J. 19 W. FLAGLER ST. SUITE 1101 BISCAYNE BLDG. MIAMI, FL H 33130	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CERULLO, THERESA	1.2 NAME	FREDERICK C. SMITH JR.
STREET ADDRESS	3545 AERO COURT	1.3 STREET ADDRESS	4400 E. HORSESHOE RD
CITY-ST-ZIP	SAN DIEGO, CA 00000	1.4 CITY-ST-ZIP	PARADISE VALLEY, AZ 85253
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CERULLO, MORRIS	2.2 NAME	DAVID CERULLO
STREET ADDRESS	3545 AERO COURT	2.3 STREET ADDRESS	8800 CREEK RISE COURT
CITY-ST-ZIP	SAN DIEGO, CA 00000	2.4 CITY-ST-ZIP	CHESAPEAKE INC 78777
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRULIN, PAUL	3.2 NAME	
STREET ADDRESS	5710 AUBURN BLVD 24	3.3 STREET ADDRESS	
CITY-ST-ZIP	SACRAMENTO CA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, CHARLES	4.2 NAME	
STREET ADDRESS	200 S UNIVERSITY BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROENKE, JOHN	5.2 NAME	
STREET ADDRESS	3216 TANGLEWOOD DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROCK HILL SC	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 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: *David Cerullo* **DECLINED** 4/29/97 (619) 277-2200
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076642

CR2E037 (9/96)