

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date incorporated or Qualified 10/25/1978	
4. FEI Number 95-2372233	Applied For <input type="checkbox"/> Not Applicable

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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

TITLE	S	<input type="checkbox"/> DELETE
NAME	CERULLO, THERESA	
STREET ADDRESS	3545 AERO COURT	
CITY-ST-ZIP	SAN DIEGO, CA 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CERULLO, MORRIS	
STREET ADDRESS	3545 AERO COURT	
CITY-ST-ZIP	SAN DIEGO, CA 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, FREDERICK C JR	
STREET ADDRESS	6400 E HORSESHOE ROAD	
CITY-ST-ZIP	PARADISE VALLEY AZ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLAIR, CHARLES	
STREET ADDRESS	200 S UNIVERSITY BLVD	
CITY-ST-ZIP	DENVER CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GROENKE, JOHN	
STREET ADDRESS	3216 TANGLEWOOD DR	
CITY-ST-ZIP	ROCK HILL SC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CERULLO, DAVID	
STREET ADDRESS	8800 COVE ROSE COURT	
CITY-ST-ZIP	CHARLOTTE NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: _____ DATE: _____

CR2E037 (10/97)