


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90007 039 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 841671

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/25/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 95-2372233
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 type="checkbox"/> Addition
NAME	CERULLO, THERESA	1.2 NAME	
STREET ADDRESS	3545 AERO COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO, CA 00000	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERULLO, MORRIS	2.2 NAME	
STREET ADDRESS	3545 AERO COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO, CA 00000	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, FREDERICK C JR	3.2 NAME	
STREET ADDRESS	6400 E HORSESHOE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PARADISE VALLEY AZ	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	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERULLO, DAVID	6.2 NAME	
STREET ADDRESS	8800 COVE ROSE COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	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, with all other like empowered.

SIGNATURE: [Signature] 4/21/99 619-277-2200  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)