

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 841671**

1. Entity Name

**WORLD EVANGELISM OF THE STATE OF CALIFORNIA, INC.**

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90271 043 \*\*\*\*61.25

Principal Place of Business

Mailing Address

INTERNATIONAL HEADQUARTERS  
 P O BOX 85277  
 SAN DIEGO CA 92186

INTERNATIONAL HEADQUARTERS  
 P O BOX 85277  
 SAN DIEGO CA 92186-5277

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**95-2372233**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINTER, EDWARD J.  
 19 W. FLAGLER ST.  
 SUITE 1101 BISCAYNE BLDG.  
 MIAMI, FL H 33130

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

858-277-2200

Daytime Phone #

CR2E037 (9/99)