

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700969

Entity Name: WORLD EVANGELISM,INC.**Current Principal Place of Business:**6974 ALT-BAB-PARK CUT OFF RD,
BARTOW, FL 33830**Current Mailing Address:**6974 ALT-BAB-PARK CUT OFF RD, BARTOW, FL
P.O. BOX 1306
LAKE WALES, FL 33859**FEI Number:** 59-6155022**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WINE, DEBORAH
6974 ALTURAS-BABSON PARK CUT OFF ROAD
BARTOW, FL 33830 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	WINE, DAVID E.
Address	6974 ALTU-BAB.CUT-OFF RD
City-State-Zip:	BARTOW FL 33830

Title	D
Name	WINE, BETTY R
Address	2931 JASMINE AVENUE
City-State-Zip:	LAKE WALES FL 33898

Title	SD
Name	WINE, DEBORAH
Address	6974 ALTU-BAB. CUT-OFF RD
City-State-Zip:	BARTOW FL 33830

Title	DIR
Name	WARD, CAROLYN P
Address	1618 GARY ST
City-State-Zip:	LAKE WALES FL 33859-7722

Title	VD
Name	WINE, EMORY L.
Address	2931 JASMINE AVENUE
City-State-Zip:	LAKE WALES FL 33898

Title	D
Name	PETERSON, MARTHA M
Address	835 W 14TH ST
City-State-Zip:	MEDFORD OR 97501

Title	D
Name	LEE, ROBERT E
Address	785 SLOAN RIDGE ROAD
City-State-Zip:	GROVELAND FL 34736

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EMORY L. WINE

VD

02/22/2016

Electronic Signature of Signing Officer/Director Detail_____
Date