

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718422

Entity Name: EVANGELISM EXPLOSION III INTERNATIONAL, INC.**Current Principal Place of Business:**10 MISTY VALLEY PARKWAY
ARDEN, NC 28704**Current Mailing Address:**P O BOX 753
ARDEN, NC 28704 US**FEI Number:** 23-7068456**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 CHAIRMAN
Name SELF, DAVID DR.
Address 10 MISTY VALLEY PARKWAY
City-State-Zip: ARDEN NC 28704

Title PRESIDENT
Name SORENSEN, JOHN B DR.
Address 10 MISTY VALLEY PARKWAY
City-State-Zip: ARDEN NC 28704

Title SECRETARY
Name BLANKENSHIP, KELLI
Address P O BOX 753
City-State-Zip: ARDEN NC 28704

Title TREASURER, COMPTROLLER
Name STANBERY, DONOVAN BLAKE
Address P O BOX 753
City-State-Zip: ARDEN NC 28704

Title DIRECTOR
Name ATIENZA, REYNALDO DR.
Address 10 MISTY VALLEY PARKWAY
City-State-Zip: ARDEN NC 28704

Title DIRECTOR
Name BLACKABY, NORMAN DR.
Address 10 MISTY VALLEY PARKWAY
City-State-Zip: ARDEN NC 28704

Title DIRECTOR
Name BROWN, DEBRA
Address 10 MISTY VALLEY PARKWAY
City-State-Zip: ARDEN NC 28704

Title DIRECTOR
Name COLON-SLOTTERBACK, MARTA
Address 10 MISTY VALLEY PARKWAY
City-State-Zip: ARDEN NC 28704

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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: KELLI BLANKENSHIP**SECRETARY****02/24/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ENSIO, PAAVO
Address 10 MISTY VALLEY PARKWAY
City-State-Zip: ARDEN NC 28704

Title DIRECTOR
Name KOSHINSKI, DAVID
Address 10 MISTY VALLEY PARKWAY
City-State-Zip: ARDEN NC 28704

Title DIRECTOR
Name THOMAS, MALCOLM
Address 10 MISTY VALLEY PARKWAY
City-State-Zip: ARDEN NC 28704

Title DIRECTOR
Name HSIA, LEE
Address 10 MISTY VALLEY PARKWAY
City-State-Zip: ARDEN NC 28704

Title DIRECTOR
Name SAPP, JOHN
Address 10 MISTY VALLEY PARKWAY
City-State-Zip: ARDEN NC 28704