


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90144 049 ****61.25

DOCUMENT # 700969 1. Entity Name WORLD EVANGELISM, INC.					
Principal Place of Business 6974 ALT-BAB-PARK CUT OFF RD, BARTOW, FL P.O. BOX 1306 LAKE WALES, FL 33859			Mailing Address 6974 ALT-BAB-PARK CUT OFF RD, BARTOW, FL P.O. BOX 1306 LAKE WALES, FL 33859		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6155022	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WINE, DEBORAH ALTURAS-BABSON PARK CUT OFF ROAD BARTOW, FL 33830				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINE, DAVID E. ALTU-BAB.CUT-OFF RD BARTOW, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WINE, EMORY L. 337 W CENTRAL AVE LAKE WALES, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2931 Jasmine Avenue Lake Wales, Florida 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINE, BETTY R 2931 JASMINE AVENUE LAKE WALES, FL 33853	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRUITT, KATHRYN 320 WEAVER AVENUE LAKE WALES, FL 33853	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 212 Lakeside Garden Cir. Lake Wales, Florida 33859
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WINE, DEBORAH ALTU-BAB. CUT-OFF RD BARTOW, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, ROBERT E 01 WEIBERG ROAD DUNDEE, FL 33838	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 785 Sloan Ridge Road Groveland, Florida 34736
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Emory L. Wine Emory L. Wine 3-31-06 (863)676-7531					