

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

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**



02082008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-6155022

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WINE, DEBORAH
ALTURAS-BABSON PARK CUT OFF ROAD
BARTOW, FL 33830**

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WINE, DAVID E.
STREET ADDRESS ALTU-BAB.CUT-OFF RD
CITY-ST-ZIP BARTOW, FL

TITLE VD
NAME WINE, EMORY L.
STREET ADDRESS 2931 JASMINE AVENUE
CITY-ST-ZIP LAKE WALES, FL 33898

TITLE D
NAME WINE, BETTY R
STREET ADDRESS 2931 JASMINE AVENUE
CITY-ST-ZIP LAKE WALES, FL 33853

TITLE D
NAME PRUITT, KATHRYN
STREET ADDRESS 154 CALOOSA CIR. SO.
CITY-ST-ZIP LAKE WALES, FL 33859

TITLE SD
NAME WINE, DEBORAH
STREET ADDRESS ALTU-BAB. CUT-OFF RD
CITY-ST-ZIP BARTOW, FL

TITLE D
NAME LEE, ROBERT E
STREET ADDRESS 785 SLOAN RIDGE ROAD
CITY-ST-ZIP GROVELAND, FL 34736

U00000826510
02/21/08-80053-006 61.25

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IN THIS SPACE**

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

2-12-08 (863) 676-7531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #