

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700969

FILED
Aug 04, 2009
Secretary of State

Entity Name: WORLD EVANGELISM,INC.

Current Principal Place of Business:

6974 ALT-BAB-PARK CUT OFF RD, BARTOW, FL
P.O. BOX 1306
LAKE WALES, FL 33859

New 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

New Mailing Address:

FEI Number: 59-6155022 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WINE, DEBORAH
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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WINE, DAVID E.
Address: ALTU-BAB.CUT-OFF RD
City-St-Zip: BARTOW, FL

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

Title: D () Delete
Name: WINE, BETTY R
Address: 2931 JASMINE AVENUE
City-St-Zip: LAKE WALES, FL 33853

Title: D () Delete
Name: PRUITT, KATHRYN
Address: 154 CALOOSA CIR. SO.
City-St-Zip: LAKE WALES, FL 33859

Title: SD () Delete
Name: WINE, DEBORAH
Address: ALTU-BAB. CUT-OFF RD
City-St-Zip: BARTOW, FL

Title: D () Delete
Name: LEE, ROBERT E
Address: 785 SLOAN RIDGE ROAD
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID WINE

PRES

08/04/2009

Electronic Signature of Signing Officer or Director

Date