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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **717599** **(5)**

1. Corporation Name

WORLD WIDE CHURCH OF JESUS CHRIST, INC.

Principal Place of Business	Mailing Address
1748 NE 175 STREET P.O. BOX 337 CITRA FL 32113	1748 NE 175 STREET P.O. BOX 337 CITRA FL 32113-0337

3. Date Incorporated or Qualified: 11/21/1969
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21: 1750 NE 175 Street
2a. Mailing Address — 26: P.O. Box 337

Suite, Apt #, etc. — 22: P.O. Box 337
Suite, Apt. #, etc. — 27:

City & State — 23: Citra, FL
City & State — 28: Citra, FL

Zip — 24: 32113
Country — 25:
Zip — 29: 32113
Country — 30:

4. FEI Number: 05-0043952 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MORLEY, HENRY
1748 NE 175 STREET
CITRA FL 32113

10. Name and Address of New Registered Agent

81 Name: Morley, Henry
82 Street Address (P.O. Box Number is Not Acceptable): 1750 NE 175 Street
83:
84 City: Citra **FL** 85 Zip Code: 32113

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MORLEY, HENRY		1.2 NAME		
STREET ADDRESS	RT 4 BOX 160		1.3 STREET ADDRESS		
CITY-ST-ZIP	CITRA FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, BONNIE FAYE		2.2 NAME		
STREET ADDRESS	RT 1 BOX 263		2.3 STREET ADDRESS		
CITY-ST-ZIP	HAWTHORNE FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, ANNIE RUTH		3.2 NAME		
STREET ADDRESS	RT 4 BOX 160		3.3 STREET ADDRESS		
CITY-ST-ZIP	CITRA FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NICHOLS, CHARLES		4.2 NAME		
STREET ADDRESS	RT 4 BOX 160		4.3 STREET ADDRESS		
CITY-ST-ZIP	CITRA FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	JACKSON, TAY CHARLES		5.2 NAME	Jackson, Ray Charles	
STREET ADDRESS	RT 4 BOX 160		5.3 STREET ADDRESS	RT 4 Box 160	
CITY-ST-ZIP	CITRA FL		5.4 CITY-ST-ZIP	Citra, FL	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MORLEY, ALTAMESE		6.2 NAME		
STREET ADDRESS	RT 4 BOX 160		6.3 STREET ADDRESS		
CITY-ST-ZIP	CITRA FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone [illegible]