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FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **717599** (5)

1. Corporation Name

WORLD WIDE CHURCH OF JESUS CHRIST, INC.

Principal Place of Business

Mailing Address

**1750 N.E. 175 ST
P.O. BOX 337
CITRA FL 32113
US**

**P.O. BOX 337
P.O. BOX 337
CITRA FL 32113
US**



3. Date Incorporated or Qualified

11/21/1969

4. FEI Number

05-0043952

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORLEY, HENRY
1750 N.E. 175 ST.
CITRA FL 32113**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

Citra Florida FL 32113

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	MORLEY, HENRY	
STREET ADDRESS	RT 4 BOX 160	
CITY-ST-ZIP	CITRA FL	
TITLE	D	☐ DELETE
NAME	WILLIAMS, BONNIE FAYE	
STREET ADDRESS	RT 1 BOX 263	
CITY-ST-ZIP	HAWTHORNE FL	
TITLE	S	☐ DELETE
NAME	BAKER, ANNIE RUTH	
STREET ADDRESS	RT 4 BOX 160	
CITY-ST-ZIP	CITRA FL	
TITLE	T	☐ DELETE
NAME	NICHOLS, CHARLES	
STREET ADDRESS	RT 4 BOX 160	
CITY-ST-ZIP	CITRA FL	
TITLE	D	☐ DELETE
NAME	JACKSON, RAY C	
STREET ADDRESS	RT. 4, BOX 160	
CITY-ST-ZIP	CITRA FL	
TITLE	D	☐ DELETE
NAME	MORLEY, ALTAMESE	
STREET ADDRESS	RT 4 BOX 160	
CITY-ST-ZIP	CITRA FL	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0001955

CR2E037 (10/97)