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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717599

1. Corporation Name

WORLD WIDE CHURCH OF JESUS CHRIST, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/21/1969

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

9. Name and Address of Current Registered Agent

MORLEY, REV. H
1750 N.E. 175 ST.
CITRA FL 32113

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

TITLE ☐ DELETE
NAME PD
STREET ADDRESS MORLEY, HENRY
CITY-ST-ZIP RT 4 BOX 160
CITRA FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS WILLIAMS, BONNIE FAYE
CITY-ST-ZIP RT 1 BOX 263
HAWTHORNE FL

TITLE ☐ DELETE
NAME S
STREET ADDRESS BAKER, ANNIE RUTH
CITY-ST-ZIP RT 4 BOX 160
CITRA FL

TITLE ☐ DELETE
NAME T
STREET ADDRESS NICHOLS, CHARLES
CITY-ST-ZIP RT 4 BOX 160
CITRA FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS JACKSON, RAY C
CITY-ST-ZIP RT. 4, BOX 160
CITRA FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS MORLEY, ALTAMESE
CITY-ST-ZIP RT 4 BOX 160
CITRA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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, with all other like empowered.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99
Date

(352) 595-2474
Daytime Phone #

CR2E037 (11/98)