## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

728557

(0)

GLOBE MISSIONARY EVANGELISM, INC.

GE ODE							
Principal Place of Business		Mailing Address				AR BEBAN MIMIN MEDIA MIMIN I	OFBII OIBN FAUL
P.O. BOX 3040 PENSACOLA FL 32516-3040 US		P.O. BOX 3040 PENSACOLA FL 32516-3040 US					
		••			<ol> <li>Date Incorporated or Qualified 12/31/1973</li> </ol>	3a. Date of Last f 02/20/19	Report <b>995</b>
	ace of Business	2a. Mailing Address			4. FEI Number 23-7453583	<del></del>	Applied For
21 Coite Act # etc		Suite, Apt. #, etc.		23-7433363		Not Applicable	
Suite, Apt. #, etc.		27		5. Certificate of Status Desired  \$8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	9. Name and Address of Curren	1 Booletered Agent	30		Florida Statutes		
	9. Name and Address of Curren	r registered Agent	81	Name	TO. Name and Address of New Ne	Jistereu Agent	
BISHOP, J. ROBERT			82	Ctroot Ad	et Address (P.O. Box Number is Not Acceptable)		
	MAX COURT		82	Sireet Ad	dress (F.O. Box Nomber is Not Acceptable,	!	
PENSAC	OLA FL 32516		83				
			84	City		FI 85 Zip	Code
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	tes, the above-	named corp	oration submits this statement for the purpo	ose of changing its re	egistered office
or register familiar wi	red agent, or both, in the State of Floric th, and accept the obligations of, Secti	la. Such change was authori. on 617.0503, Florida Statute	zed by the corp s.	oration's bo	and of directors. I hereby accept the appoin	ntment as registered	agent. I am
SIGNATURE							
	Signature, typed or printed name of registered agent		OTE: Flegistered Age	nt signatura requi	ired when reinstating)  ADDITIONS/CHANGES TO OF FIG.	DATE	ESC IN 10
12. TITLE	OFFICERS AND	DELETE 1.1			ADDITIONS/CHAINGES TO GITTE	Change	Addition
NAME	LIPSCOMB, BUFORD		1 2 NAME				
STREET ADDRESS	8501 MIER HENRY #4B			r Adoress			
CITY - ST - ZIP	PENSACOLA, FL 0		1.4 CITY - S	ST-ZIP			
TITLE	VD	☐DELÉTE 2				Change	☐ Addition
NAME	STAMP, C., L. "BILL"		2.2 NAME				
STREET ADDRESS	2732 OLD ROCKY RIDGE RD		2 3 STREET ADDRESS				
CITY - ST - ZIP TITLE	BIRMINGHAM AL. V [Tidelete		2 4 CITY - 3 1 TITLE	ST-ZIP	<del></del>	Change	Addition
NAME	WEBB. JERRY	•				and igo	
STREET ADDRESS	2782 CREEKWOOD DRIVE		3.2 NAME 3.3 STREET	r Adoress			
CITY-ST-ZIP	CANTONMENT, FL 0		3.4. CITY -				
TITLE	D	DELETE	4.1 TITLE			Change	Addition
NAME	KIMBLE, RAY		4 2 NAME				
STREET ADDRESS				f address			
CITY - ST - ZIP	PENSACOLA FL PD			ST-ZIP		☐ Change	X Addition
TOTLE NAME	BISHOP, J ROBERT		5 1 TITLE 5 2 NAME		D Charles St <b>a</b> nford	спануе	M vagilion
STREET ADDRESS	5703 ALMAX COURT			T ADDRESS			
CITY - ST - ZIP	PENSACOLA FL		5.4 CITY-3	1	1209 Mill Creek Road Cantonment, FL 32533		
TITLE		☐ DELETE	61 TITLE		D	☐ Change	Addition
NAME			6.2 NAME		JIMMY WEAVER		•
STREET ADDRESS			63 STREE	T ADDRESS	4504 TWIN OAKS DRIVE SUITE 101		
CITY - ST - ZIP			5 4 CITY -	ST-ZIP	PENSACOLA FI. 32522 / for the exemption stated in Section 119.0		
certify that oath; that	at the information indicated on this annu	ual report or supplemental an oration or the receiver or trust	nual report is tr ee empowered	ue and acci	to the exemption stated in Section 119.0 irate and that my signature shall have the sithis report as required by Chapter 617, Flor.	ame legal effect as if	made under

SIGNATURE

SIGNATULE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/95

0aytime Phone ▶

R2E037 (12/95)