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Feb 21 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 # **728557** **(0)**

1. Corporation Name

GLOBE MISSIONARY EVANGELISM, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3040 PENSACOLA FL 32516-3040 US	P.O. BOX 3040 PENSACOLA FL 32516-3040 US

3. Date Incorporated or Qualified: **12/31/1973**
3a. Date of Last Report: **02/16/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **23-7453583** ☐ 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

BISHOP, J. ROBERT
5703 ALMAX COURT
PENSACOLA FL 32516

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 _____ 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	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	LIPSCOMB, BUFORD		1.2 NAME	LIPSCOMB, BUFORD	
STREET ADDRESS	8501 MIER HENRY #4B		1.3 STREET ADDRESS	8600 HIGHWAY 98 WEST	
CITY-ST-ZIP	PENSACOLA, FL 0		1.4 CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	VD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	STAMP, C., L. "BILL"		2.2 NAME	CHARLES STANFORD	
STREET ADDRESS	2732 OLD ROCKY RIDGE RD		2.3 STREET ADDRESS	1209 MILL CREEK ROAD	
CITY-ST-ZIP	BIRMINGHAM AL		2.4 CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WEBB, JERRY		3.2 NAME		
STREET ADDRESS	2782 CREEKWOOD DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT, FL 0		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KIMBLE, RAY		4.2 NAME		
STREET ADDRESS	403 N. 77TH AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BISHOP, J ROBERT		5.2 NAME		
STREET ADDRESS	5703 ALMAX COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WEAVER, JIMMY		6.2 NAME		
STREET ADDRESS	4504 TWIN OAKS DRIVE SUITE 101		6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA 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: J Robert Bishop REQUIRED 2/13/97 904-453-3453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR J. ROBERT BISHOP Date Daytime Phone # 0073148