

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 15 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>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**

4. FEI Number

**23-7453583**

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BISHOP, J. ROBERT**  
**5703 ALMAX COURT**  
**PENSACOLA FL 32516**

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

*J. Robert Bishop*

**1-6-98**

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           | <b>D</b>                    | <input type="checkbox"/> DELETE |
| NAME            | <b>LIPSCOMB, BUFORD</b>     |                                 |
| STREET ADDRESS  | <b>8600 HIGHWAY 98 WEST</b> |                                 |
| CITY - ST - ZIP | <b>PENSACOLA, FL 0</b>      |                                 |

|                 |                                |                                 |
|-----------------|--------------------------------|---------------------------------|
| TITLE           | <b>VD</b>                      | <input type="checkbox"/> DELETE |
| NAME            | <b>STAMP, C., L. "BILL"</b>    |                                 |
| STREET ADDRESS  | <b>2732 OLD ROCKY RIDGE RD</b> |                                 |
| CITY - ST - ZIP | <b>BIRMINGHAM AL</b>           |                                 |

|                 |                             |                                 |
|-----------------|-----------------------------|---------------------------------|
| TITLE           | <b>V</b>                    | <input type="checkbox"/> DELETE |
| NAME            | <b>WEBB, JERRY</b>          |                                 |
| STREET ADDRESS  | <b>2782 CREEKWOOD DRIVE</b> |                                 |
| CITY - ST - ZIP | <b>CANTONMENT, FL 0</b>     |                                 |

|                 |                           |                                 |
|-----------------|---------------------------|---------------------------------|
| TITLE           | <b>D</b>                  | <input type="checkbox"/> DELETE |
| NAME            | <b>KIMBLE, RAY</b>        |                                 |
| STREET ADDRESS  | <b>403 N. 77TH AVENUE</b> |                                 |
| CITY - ST - ZIP | <b>PENSACOLA FL</b>       |                                 |

|                 |                         |                                 |
|-----------------|-------------------------|---------------------------------|
| TITLE           | <b>PD</b>               | <input type="checkbox"/> DELETE |
| NAME            | <b>BISHOP, J ROBERT</b> |                                 |
| STREET ADDRESS  | <b>5703 ALMAX COURT</b> |                                 |
| CITY - ST - ZIP | <b>PENSACOLA FL</b>     |                                 |

|                 |                                       |                                 |
|-----------------|---------------------------------------|---------------------------------|
| TITLE           | <b>D</b>                              | <input type="checkbox"/> DELETE |
| NAME            | <b>WEAVER, JIMMY</b>                  |                                 |
| STREET ADDRESS  | <b>4504 TWIN OAKS DRIVE SUITE 101</b> |                                 |
| CITY - ST - ZIP | <b>PENSACOLA FL</b>                   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                              |                                                                              |
|---------------------|------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <b>D</b>                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME            | <b>Stanford, Charles</b>     |                                                                              |
| 1.3 STREET ADDRESS  | <b>2025 E. Nine Mile Rd.</b> |                                                                              |
| 1.4 CITY - ST - ZIP | <b>Pensacola, Fl. 32514</b>  |                                                                              |

|                     |  |                                                                   |
|---------------------|--|-------------------------------------------------------------------|
| 2.1 TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |  |                                                                   |
| 2.3 STREET ADDRESS  |  |                                                                   |
| 2.4 CITY - ST - ZIP |  |                                                                   |

|                     |  |                                                                   |
|---------------------|--|-------------------------------------------------------------------|
| 3.1 TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |  |                                                                   |
| 3.3 STREET ADDRESS  |  |                                                                   |
| 3.4 CITY - ST - ZIP |  |                                                                   |

|                     |  |                                                                   |
|---------------------|--|-------------------------------------------------------------------|
| 4.1 TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |  |                                                                   |
| 4.3 STREET ADDRESS  |  |                                                                   |
| 4.4 CITY - ST - ZIP |  |                                                                   |

|                     |  |                                                                   |
|---------------------|--|-------------------------------------------------------------------|
| 5.1 TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |  |                                                                   |
| 5.3 STREET ADDRESS  |  |                                                                   |
| 5.4 CITY - ST - ZIP |  |                                                                   |

|                     |  |                                                                   |
|---------------------|--|-------------------------------------------------------------------|
| 6.1 TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: *J. Robert Bishop* **1/6/98** **850-453-3453**

CR2E037 (10/97)