

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737547 (0)

1. Corporation Name

WORLD RADIO MISSIONARY FELLOWSHIP, INC.



Principal Place of Business

Mailing Address

**1065 GARDEN OF THE GODS
SUITE 200
COLORADO SPRINGS FL 90807-3405**

**C/O DOUGLAS C. PETERS
P O BOX 39800
COLORADO SPRINGS CO 80949-9800
US**

3. Date incorporated or Qualified
12/14/1976

3a. Date of Last Report
03/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 Delete Suite 200

23 City & State
Colorado

24 Zip
80907-3405

25 Country
US

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

4. FEI Number
59-0939206

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

10. Name and Address of New Registered Agent

**MORGAN, CHARLES O JR.
1300 NW 167TH STREET
MIAMI FL 33169**

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	PD	<input type="checkbox"/> DELETE
NAME	CLINE, RONALD A	
STREET ADDRESS	CALLE VILALENGUA	
CITY-ST-ZIP	QUITO, ECUADOR 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PETERS, DOUGLAS C.	
STREET ADDRESS	1065 GARDEN OF THE GODS RD., SUITE 200	
CITY-ST-ZIP	COLORADO SPRINGS CO	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	WATTS, STEVEN E	
STREET ADDRESS	1065 GARDEN OF THE GODS RD, S200	
CITY-ST-ZIP	COLORADO SPRINGS CO	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCCLLOUD, DWITE M	
STREET ADDRESS	1065 GARDEN OF THE GODS RD., SUITE 200	
CITY-ST-ZIP	COLORADO SPRINGS CO	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CUMMINGS, BENNY R	
STREET ADDRESS	715 E. THOMAS DR.	
CITY-ST-ZIP	PHARR TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	884 Calle Villalengua
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Delete Suite 200
2.4 CITY-ST-ZIP	80907-3405
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Delete S200
3.4 CITY-ST-ZIP	80907-3405
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Delete Suite 200
4.4 CITY-ST-ZIP	80907-3405
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	1065 Garden of the Gods Road
5.4 CITY-ST-ZIP	Colorado Springs CO 80907-3405
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Douglas C. Peters March 15, 1996

(719)590-9800

Date

Daytime Phone #

CR2E037 (12/95)