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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737547 (0)
1. Corporation Name
WORLD RADIO MISSIONARY FELLOWSHIP, INC.



Principal Place of Business 1065 GARDEN OF THE GODS COLORADO SPRINGS FL 80907-3405 US	Mailing Address C/O DOUGLAS C. PETERS P O BOX 39800 COLORADO SPRINGS CO 80949-9800 US
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3. Date Incorporated or Qualified 12/14/1976	3a. Date of Last Report 03/22/1996
4. FEI Number 59-0939206	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 80907-3405	Country 25
	Country 30

9. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLINE, RONALD A	
STREET ADDRESS	884 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 ROAD	
CITY-ST-ZIP	COLORADO SPRINGS CO	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	WATTS, STEVEN E	
STREET ADDRESS	1065 GARDEN OF THE GODS ROAD	
CITY-ST-ZIP	COLORADO SPRINGS CO	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCCLLOUD, DWITE M	
STREET ADDRESS	1065 GARDEN OF THE GODS ROAD	
CITY-ST-ZIP	COLORADO SPRINGS CO	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CUMMINGS, BENNY R	
STREET ADDRESS	1065 GARDEN OF THE GODS ROAD	
CITY-ST-ZIP	COLORADO SPRINGS CO	
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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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	
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	
4.4 CITY-ST-ZIP	80907-3405
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	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 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 _____

CR2E037 (9/96)