FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:10

DOCUMENT # **750437** **(6)**

1. Corporation Name

WAGNER EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
108 POPLAR PLACE LONGWOOD FL 32750	~~108 POPLAR PLACE~~ ~~LONGWOOD FL 32750~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1979
3a. Date of Last Report: 05/13/1994
4. FEI Number: 59-2001348 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

21	2. Principal Place of Business	22	Suite, Apt. #, etc.	23	City & State	24	Zip	25	Country

26	2a. Mailing Address	27	Suite, Apt. #, etc.	28	City & State	29	Zip	30	Country
	261 Triplet Lake Dr.				Casselberry, Fla		32707		U.S.

9. Name and Address of Current Registered Agent

WAGNER, JOHN C.
108 POPLAR PLACE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 261 Triplet Lake Dr.
83
84 City: Casselberry **FL** 85 Zip Code: 32707

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: John C. Wagner John C. Wagner 4-15-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE		☐ Change ☐ Addition
NAME	WAGNER, JOHN	12 NAME		
STREET ADDRESS	108 POPLAR PLACE	13 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	14 CITY-ST-ZIP		
TITLE	DS	21 TITLE	SUSAN LOWERY	☒ Change ☐ Addition
NAME	~~WAGNER, SUSAN~~	22 NAME		
STREET ADDRESS	~~108 POPLAR PLACE~~	23 STREET ADDRESS	9906 St. Rd. 535 D	
CITY-ST-ZIP	~~LONGWOOD FL~~	24 CITY-ST-ZIP	Orlando, Fl. 32836	
TITLE	D	31 TITLE	JIM MCCOLLUM	☒ Change ☐ Addition
NAME	~~CLOUSE, GEORGE~~	32 NAME		
STREET ADDRESS	~~108 POPLAR PLACE~~	33 STREET ADDRESS	108 Poplar Pl. P	
CITY-ST-ZIP	~~LONGWOOD FL~~	34 CITY-ST-ZIP	Longwood, Fl 32750	
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	~~CLOUSE, MARY JO~~	42 NAME		
STREET ADDRESS	~~108 POPLAR PLACE~~	43 STREET ADDRESS		
CITY-ST-ZIP	~~LONGWOOD FL~~	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☒ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

PREPARED BY MAIL

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)(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: John C. Wagner John C. Wagner 3-10-95 407-767-6978
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

0031643