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Jul 25 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 # 761097
1. Corporation Name
CHURCH FOR ALL PEOPLES
(Formerly World Harvest Ministries)

Principal Place of Business Mailing Address
835 NORTH UTICA SAME
TULSA OK 74110
U.S.A.

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

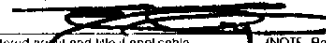
3. Date Incorporated or Qualified 1/24/83	3a. Date of Last Report MAY 1997
4. FEI Number 73-1502605	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent
DR. ERNESTO CARY
2513 S.W. 112 ST
MIAMI FLORIDA 33165

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 **DR. ERNESTO CARY**  DATE **6/24/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

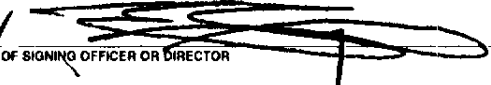
12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☒ DELETE
NAME	DR. DONALD MATISON	
STREET ADDRESS	3307 MARIE	
CITY-ST-ZIP	WICHITA KS 67217	
TITLE	VICE PRESIDENT	☒ DELETE
NAME	DR. ERNEST CARY	
STREET ADDRESS	2710 S.W. 96 AVE.	
CITY-ST-ZIP	MIAMI FLA. 33165	
TITLE	SECRETARY	☒ DELETE
NAME	MARGARET S. MATISON	
STREET ADDRESS	3307 MARIE	
CITY-ST-ZIP	WICHITA KS 67217	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	DR. ERNEST CARY	
1.3 STREET ADDRESS	835 N. UTICA	
1.4 CITY-ST-ZIP	TULSA OK. 74110	
2.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
2.2 NAME	REV. BRETT TIMMONS	
2.3 STREET ADDRESS	3443 S. 151ST E AVE.	
2.4 CITY-ST-ZIP	TULSA OK 74134	
3.1 TITLE	SECRETARY/TREASURER	☒ Change ☐ Addition
3.2 NAME	LINDA PEEVY HOUSE	
3.3 STREET ADDRESS	4005 S. ASH.	
3.4 CITY-ST-ZIP	BROKEN ARROW OK 74011	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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: **DR. ERNESTO CARY**  DATE **6/24/97** (918) 7452171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **418 549 0880**

CR2E037 (9/96)