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 JAN 13 AM 9:04

DOCUMENT # 840448 (5)

1. Corporation Name
WORLD GOSPEL ASSEMLIES, INC.

Principal Place of Business	Mailing Address
542-5TH STREET NORTH ST PETERSBURG FL 33701	542-5TH STREET NORTH ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1978
3a. Date of Last Report: 01/20/1994
4. FEI Number: 52-1631776 ☐ Applied For ☐ Not Applicable

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 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent

STAALENBURG, RT. REV. MELS
542 5TH STREET N.
ST PETERSBURG FL 33701

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	STAALENBURG, RT. REV. MELS	12 NAME	
STREET ADDRESS	542 5TH ST N.	13 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	NORTON, ALCOTT W	22 NAME	
STREET ADDRESS	542 5TH ST N.	23 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	COBANE, REV. MARY L	32 NAME	
STREET ADDRESS	4801 16TH AVE S.	33 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	STAALENBURG, DORINE K	42 NAME	
STREET ADDRESS	542 5TH ST N.	43 STREET ADDRESS	
CITY-ST ZIP	ST PETERSBURG FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WINNIE, RT. REV. JACK W	52 NAME	
STREET ADDRESS	107 E. SAGINAW AVE	53 STREET ADDRESS	
CITY ST ZIP	ST LOUIS MI	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	WINNIE, HARRIETT F	62 NAME	
STREET ADDRESS	107 E. SAGINAW AVE	63 STREET ADDRESS	
CITY ST ZIP	ST LOUIS MI	64 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)(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 addrress.

SIGNATURE: Mels Staalenburg MELS STAALENBURG P 1/11/95 [813] 894-8195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00(443)