


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90007 039 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 841671**

1. Corporation Name

**WORLD EVANGELISM OF THE STATE OF CALIFORNIA, INC.**

Principal Place of Business

INTERNATIONAL HEADQUARTERS  
P O BOX 85277  
SAN DIEGO, CA 92186

Mailing Address

INTERNATIONAL HEADQUARTERS  
P O BOX 85277  
SAN DIEGO, CA 92186



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/25/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		95-2372233	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WINTER, EDWARD J. 19 W. FLAGLER ST. SUITE 1101 BISCAYNE BLDG. MIAMI, FL H 33130				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERULLO, THERESA	1.2 NAME	
STREET ADDRESS	3545 AERO COURT	1.3 STREET ADDRESS	
CITY-STATE-ZIP	SAN DIEGO, CA 00000	1.4 CITY-STATE-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERULLO, MORRIS	2.2 NAME	
STREET ADDRESS	3545 AERO COURT	2.3 STREET ADDRESS	
CITY-STATE-ZIP	SAN DIEGO, CA 00000	2.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, FREDERICK C JR	3.2 NAME	
STREET ADDRESS	6400 E HORSESHOE ROAD	3.3 STREET ADDRESS	
CITY-STATE-ZIP	PARADISE VALLEY AZ	3.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, CHARLES	4.2 NAME	
STREET ADDRESS	200 S UNIVERSITY BLVD	4.3 STREET ADDRESS	
CITY-STATE-ZIP	DENVER CO	4.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROENKE, JOHN	5.2 NAME	
STREET ADDRESS	3216 TANGLEWOOD DR	5.3 STREET ADDRESS	
CITY-STATE-ZIP	ROCK HILL SC	5.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERULLO, DAVID	6.2 NAME	
STREET ADDRESS	8800 COVE ROSE COURT	6.3 STREET ADDRESS	
CITY-STATE-ZIP	CHARLOTTE NC	6.4 CITY-STATE-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4/21/99

Date

619-277-2200

Daytime Phone #

CR2E037 (1/98)