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 APR 12 PM 12:21

DOCUMENT # **843445** **(8)**

1. Corporation Name

ASSOCIATION OF BAPTISTS FOR WORLD EVANGELISM, IN CORPORATED

Principal Place of Business	Mailing Address
522 LEWISBERRY ROAD NEW CUMBERLAND PA 17070 US	P.O. BOX 8585 HARRISBURG PA 17105-8585 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1979
3a. Date of Last Report: 05/10/1994
4. FEI Number: 23-1445623 ☐ 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

BENEDICT, WILLARD R
3331 FLORA AVE
FT MYERS, FL
33907

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

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	☐ Change ☐ Addition
NAME	PIERSON, WILLIAM M.	1.2 NAME	
STREET ADDRESS	P.O. BOX 8585 133 Wheatland Road	1.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG PA Lewisberry, PA 17339	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	KEMPTON, WENDELL W.(DR.)	2.2 NAME	
STREET ADDRESS	P.O. BOX 8585 11 Devonshire Square	2.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG PA Mechanicsburg, PA	2.4 CITY-ST-ZIP	
TITLE	D 17055	3.1 TITLE	☐ Change ☐ Addition
NAME	FETZER, LAWRENCE (REV)	3.2 NAME	
STREET ADDRESS	4221 WALLINGTON DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTON OH	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	AUSTIN, ROBERT M	4.2 NAME	
STREET ADDRESS	277 COUNTRY CLUB DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORADELL NJ	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	MONTGOMERY, REV. GERALD	5.2 NAME	
STREET ADDRESS	21 BALFOUR LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WILLINGBORO NJ	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, WILL M. (REV.)	6.2 NAME	
STREET ADDRESS	7813 S 12TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORTAGE, MI 00000	6.4 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 address.

SIGNATURE: William M. Pierson, Treasurer 2/22/95 717-774-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073446