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Mar 06 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 843445 (8)

1. Corporation Name

ASSOCIATION OF BAPTISTS FOR WORLD EVANGELISM, INCORPORATED

Principal Place of Business

522 LEWISBERRY ROAD  
NEW CUMBERLAND PA 17070  
US

Mailing Address

P.O. BOX 8585  
HARRISBURG PA 17105-8585  
US

3. Date Incorporated or Qualified  
06/13/1979

3a. Date of Last Report  
02/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number  
23-1445623

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

10. Name and Address of New Registered Agent

BENEDICT, WILLARD R  
2331 FLORA AVE  
FT MYERS, FL  
33907

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

T  
NAME  
PIERSON, WILLIAM M.  
STREET ADDRESS  
133 WHEATLAND RD  
CITY-ST-ZIP  
LEWISBERRY PA

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

P  
NAME  
KEMPTON, WENDELL W.(DR.)  
STREET ADDRESS  
11 DEVONSHIRE SQ  
CITY-ST-ZIP  
MECHANICSBURG PA

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

D  
NAME  
FETZER, LAWRENCE (REV)  
STREET ADDRESS  
4221 WALLINGTON DR.  
CITY-ST-ZIP  
DAYTON OH

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

D  
NAME  
AUSTIN, ROBERT M  
STREET ADDRESS  
277 COUNTRY CLUB DR.  
CITY-ST-ZIP  
ORADELL NJ

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

S  
NAME  
MONTGOMERY, REV. GERALD  
STREET ADDRESS  
21 BALFOUR LANE  
CITY-ST-ZIP  
WILLINGBORO NJ

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

VP  
NAME  
DAVIS, WILL M. (REV.)  
STREET ADDRESS  
7813 S 12TH ST  
CITY-ST-ZIP  
PORTAGE, MI 00000

6.1 TITLE  
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:

WILLIAM M. PIERSON Treasurer 717-774-7000  
2/24/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0075613

CR2E037 (9/96)