


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90009 007 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 843445**

1. Corporation Name

**ASSOCIATION OF BAPTISTS FOR WORLD EVANGELISM, IN  
CORPORATED**

Principal Place of Business  
522 LEWISBERRY ROAD  
NEW CUMBERLAND PA 17070  
US

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



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/13/1979 4. FEI Number 22-3176022 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name DITZEL, LEON H. 82 Street Address (P.O. Box Number is Not Acceptable) 21287 Quesada Ave. 83 21287 84 City Port Charlotte FL 85 Zip Code 33952
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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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERSON, WILLIAM M.	1.2 NAME	
STREET ADDRESS	133 WHEATLAND RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEWISBERRY PA	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMPTON, WENDELL W.(DR.)	2.2 NAME	
STREET ADDRESS	11 DEVONSHIRE SQ	2.3 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALL, DONALD E REV	3.2 NAME	
STREET ADDRESS	1269 W MAPLE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANGHORNE PA 19047-2140	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

717-774-7000

CR2E037 (11/98)