

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90244 038 \*\*\*\*61.25

**DOCUMENT # 843445**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**22-3176022**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DITZELL, LEON H  
21287 QUESADA AVE  
PORT CHARLOTTE FL 33952**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P ☐ Delete  
NAME **LOFTIS, MICHAEL G**  
STREET ADDRESS **923 OAK HILL RD.**  
CITY-ST-ZIP **LEWISBERRY PA 17339**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D ☐ Delete  
NAME **MCCALL, DONALD E REV**  
STREET ADDRESS **1269 W MAPLE AVE**  
CITY-ST-ZIP **LANGHORNE PA 19047-2140**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

**WILLIAM M. Pierson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/23/2002 717-774-7000**

CP2E037 (9/01)