

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90044 043 ****61.25

DOCUMENT # 843445

1. Entity 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**

50013858



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032005 Chg-NP CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

D ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCCALL, DONALD E REV
205 1ST STREET
DALTON, PA 18414**

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

D ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
AUSTIN, ROBERT M
660 WILLOW VALLEY SQUARE
LANCASTER, PA 17602**

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

S ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BERRYS, REV. RONALD S
119 CEDAR LN
BELLEFONTE, PA 16823**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Kroll, F. Gerald
104 Paddock Lane
Forest, Va 24551**

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

TITLE ☐ Change ☐ Addition
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 officer 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/2005 717 703-3478

Date

Daytime Phone #