

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/30/95: \$125 (IF DISSOLVED, ADDITIONAL AMOUNT DUE TO REINSTATE: \$250)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

95 JUL -7 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # 847028 (8)**

1. Corporation Name  
**WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS**

Principal Place of Business Mailing Address  
**450 GUNDERSEN DRIVE P.O. BOX WRC  
WHEATON IL 60189 WHEATON IL 30189**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/23/1980</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>23-6393344</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**UNITED STATES CORPORATION COMPANY  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>AT</b>	<b>ELLISON, RUTH L.</b>
NAME	<b>P.O. BOX WRC</b>
STREET ADDRESS	<b>WHEATON IL</b>
CITY - ST - ZIP	
TITLE <b>C</b>	<b>WHITE, DR. JOHN H.</b>
NAME	<b>GENEVA COLLEGE</b>
STREET ADDRESS	<b>BEAVER FALLS PA</b>
CITY - ST - ZIP	
TITLE <b>SD</b>	<b>BISHOP, PAUL D</b>
NAME	<b>56 PINE RIDGE RD</b>
STREET ADDRESS	<b>READING MA</b>
CITY - ST - ZIP	
TITLE <b>VC</b>	<b>BRISCOE, JILL</b>
NAME	<b>777 S BARKER RD</b>
STREET ADDRESS	<b>WAUKESHA WI</b>
CITY - ST - ZIP	
TITLE <b>TD</b>	<b>JOHNSTON, DAVID</b>
NAME	<b>WHEATON COLLEGE</b>
STREET ADDRESS	<b>WHEATON IL</b>
CITY - ST - ZIP	
TITLE <b>ED</b>	<b>GAY, ARTHUR E JR</b>
NAME	<b>704 S CRESCENT AVE</b>
STREET ADDRESS	<b>PARK RIDGE IL</b>
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>JAMES H. WATTERS</b>	
1.3 STREET ADDRESS <b>P.O. BOX WRC</b>	
1.4 CITY - ST - ZIP <b>WHEATON, IL</b>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>Halverson, Dr. Gloria</b>	
3.3 STREET ADDRESS <b>18590 Anita, Drive</b>	
3.4 CITY - ST - ZIP <b>Brookfield, WI 53005</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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: *James H. Watters* **6/23/95** **708-665-0235**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone No.)

CR2607 (3/95)