

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **847028** (8)  
1. Corporation Name  
**WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS**



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

3. Date Incorporated or Qualified: **09/23/1980**  
3a. Date of Last Report: **07/07/1995**  
4. FEI Number: **23-6393344**  
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

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
Zip: **29** Country: **30**

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  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <b>VP</b>	<b>WATTERS, JAMES H</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE: <b>AT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>WATTERS, JAMES H</b>	<b>P.O. BOX WRC</b>	1.2 NAME: <b>Saul, Lisa R</b>
STREET ADDRESS: <b>WHEATON IL</b>	<b>WHEATON IL</b>	1.3 STREET ADDRESS: <b>P.O. Box WRC</b> → street address (N/A)
CITY-ST-ZIP: <b>WHEATON IL</b>		1.4 CITY-ST-ZIP: <b>Wheaton, IL 60189</b>
TITLE: <b>C</b>	<b>WHITE, DR. JOHN H.</b> <input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>WHITE, DR. JOHN H.</b>	<b>GENEVA COLLEGE</b>	2.2 NAME:
STREET ADDRESS: <b>BEAVER FALLS PA</b>	<b>BEAVER FALLS PA</b>	2.3 STREET ADDRESS:
CITY-ST-ZIP: <b>BEAVER FALLS PA</b>		2.4 CITY-ST-ZIP:
TITLE: <b>SD</b>	<b>HALVERSON, DR. G</b> <input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>HALVERSON, DR. G</b>	<b>18590 ANITA DRIVE</b>	3.2 NAME:
STREET ADDRESS: <b>BROOKFIELD WI</b>	<b>BROOKFIELD WI</b>	3.3 STREET ADDRESS:
CITY-ST-ZIP: <b>BROOKFIELD WI</b>		3.4 CITY-ST-ZIP:
TITLE: <b>VC</b>	<b>BRISCOE, JILL</b> <input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BRISCOE, JILL</b>	<b>777 S BARKER RD</b>	4.2 NAME:
STREET ADDRESS: <b>WAUKESHA WI</b>	<b>WAUKESHA WI</b>	4.3 STREET ADDRESS:
CITY-ST-ZIP: <b>WAUKESHA WI</b>		4.4 CITY-ST-ZIP:
TITLE: <b>TD</b>	<b>JOHNSTON, DAVID</b> <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>JOHNSTON, DAVID</b>	<b>WHEATON COLLEGE</b>	5.2 NAME:
STREET ADDRESS: <b>WHEATON IL</b>	<b>WHEATON IL</b>	5.3 STREET ADDRESS:
CITY-ST-ZIP: <b>WHEATON IL</b>		5.4 CITY-ST-ZIP:
TITLE: <b>ED</b>	<b>GAY, ARTHUR E JR</b> <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GAY, ARTHUR E JR</b>	<b>704 S CRESCENT AVE</b>	6.2 NAME:
STREET ADDRESS: <b>PARK RIDGE IL</b>	<b>PARK RIDGE IL</b>	6.3 STREET ADDRESS:
CITY-ST-ZIP: <b>PARK RIDGE IL</b>		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: Lisa R Saul **4/29/96** **708/665-0235**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

05-01-96 OK

Bank deposit \$61.25