

FILE NOW: FILING FEE IS \$61.25

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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

**P.O. BOX WRC
WHEATON IL 60189-8004**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/23/1980	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 23-6393344	Applied For Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUL, LISA R	1.2 NAME	
STREET ADDRESS	P.O. BOX WRC N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	WHEATON IL 60189	1.4 CITY-ST-ZIP	
TITLE	C <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, DR. JOHN H.	2.2 NAME	Davis, Dr. Edward
STREET ADDRESS	GENEVA COLLEGE	2.3 STREET ADDRESS	29140 Buckingham Ave. #5
CITY-ST-ZIP	BEAVER FALLS PA	2.4 CITY-ST-ZIP	LAVENIA, MI 48157
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALVERSON, DR. G	3.2 NAME	
STREET ADDRESS	18590 ANITA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKFIELD WI	3.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRISCOE, JILL	4.2 NAME	
STREET ADDRESS	777 S BARKER RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WAUKESHA WI	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, DAVID	5.2 NAME	
STREET ADDRESS	WHEATON COLLEGE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WHEATON IL	5.4 CITY-ST-ZIP	
TITLE	ED <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAY, ARTHUR E JR	6.2 NAME	
STREET ADDRESS	704 S CRESCENT AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PARK RIDGE IL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97

680-665-0285

Date

Daytime Phone # **0078516**

CR2E037 (9/96)