

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90224 044 \*\*\*\*70.00

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 847028**

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 60189**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

3. Date Incorporated or Qualified

**09/23/1980**

4. FEI Number  
**23-6393344**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **AT** ☒ DELETE  
NAME **SAUL, LISA R**  
STREET ADDRESS **P.O. BOX WRC N/A**  
CITY-ST-ZIP **WHEATON IL 60189**

TITLE **C** ☐ DELETE  
NAME **DAVIS, DR. E**  
STREET ADDRESS **29140 BUCKINGHAM AVE., #5**  
CITY-ST-ZIP **LAVONIA MI**

TITLE **SD** ☐ DELETE  
NAME **HALVERSON, DR. G**  
STREET ADDRESS **18590 ANITA DRIVE**  
CITY-ST-ZIP **BROOKFIELD WI**

TITLE **VCA** ☐ DELETE  
NAME **TAYLOR, CLYDE D**  
STREET ADDRESS **3613 WINFIELD LANE N.W.**  
CITY-ST-ZIP **WASHINGTON DC 20007**

TITLE **TD** ☐ DELETE  
NAME **JOHNSTON, DAVID**  
STREET ADDRESS **WHEATON COLLEGE**  
CITY-ST-ZIP **WHEATON IL**

TITLE **P** ☐ DELETE  
NAME **CALVER, CLIVE**  
STREET ADDRESS **505 IROQUOIS DRIVE**  
CITY-ST-ZIP **BATAVIA IL 60510**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **ASSISTANT TREASURER** ☒ Change ☐ Addition  
1.2 NAME **LAINIE MALMQUIST**  
1.3 STREET ADDRESS **450 E. GUNDERSEN**  
1.4 CITY-ST-ZIP **CAROL STREAM IL 60188**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-99

Date

630/665-0235

Daytime Phone #

CR2E037 (1/98)