

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 30, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 847028**

1. Entity Name  
 WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EV  
 ANGELICALS

Principal Place of Business 450 GUNDERSEN DRIVE P.O. BOX WRC WHEATON IL 60189	Mailing Address P.O. BOX WRC WHEATON IL 60189
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2. Principal Place of Business 450 GUNDERSEN DRIVE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CAROL STREAM IL	City & State
Zip 60188	Country

4. FEI Number <b>23-6393344</b>	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY  
 110 NORTH MAGNOLIA STREET

TALLAHASSEE FL 32301 US

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ DATE **04/30/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALVER CLIVE 505 IROQUOIS DRIVE BATAVIA IL 60510 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSTON, DAVID WHEATON COLLEGE WHEATON IL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCA TAYLOR CLYDE D 3613 WINFIELD LANE N.W. WASHINGTON DC 20007 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALVERSON DR. G 18590 ANITA DRIVE BROOKFIELD WI <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DAVIS DR. E 29140 BUCKINGHAM AVE., #5 LAVONIA MI <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MALMQUIST LAINE 450 E GUNDERSEN CAROL STREAM FL 60188 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALVER CLIVE DR. 8326 CHESTNUT FARM LANE SE ELLCOTT CITY MD 21043 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SORENSON MELVIN J 1937 WEXFORD CIRCLE WHEATON IL 60187 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TAYLOR CLYDE D 3613 WINFIELD LANE N.W. WASHINGTON DC 20007 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALVERSON GLORIA DR. 18590 ANITA DRIVE BROOKFIELD WI 53045 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZIEMER TIM 6109 HARMON PLACE SPRINGFIELD VA 22152 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SMITH NANCY 450 E GUNDERSEN CAROL STREAM IL 60188 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 receiver 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 all other like empowered.

**SIGNATURE:** Nancy Smith AT 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)

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**WORLD RELIEF - MIAMI**  
**2150 SW 8TH STREET, 2ND FLOOR**  
**P.O. BOX 35-2800**  
**MIAMI, FL 33135-2800**

**WORLD RELIEF - JACKSONVILLE**  
**4314-1 SAINT AUGUSTINE ROAD**

**JACKSONVILLE BEACH, FL 32207**

**WORLD RELIEF - TAMPA**  
**6219 U.S. 19 NORTH**

**NEW PORT RICHEY, FL 34652**