

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 24, 2006**  
**Secretary of State**

DOCUMENT# 847028

**Entity Name:** WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION OF EVANGELICALS**Current Principal Place of Business:**7 EAST BALTIMORE STREET  
BALTIMORE, MD 21202**New Principal Place of Business:****Current Mailing Address:**7 EAST BALTIMORE STREET  
BALTIMORE, MD 21202**New Mailing Address:****FEI Number:** 23-6393344**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**NRAI SERVICE INC  
2371 EXECUTIVE PARK DRIVE  
34  
WESTEN, FL 33331 US**Name and Address of New Registered Agent:**DAVIS, GREGG  
2150 SW 8TH STREET  
2ND FLOOR  
MIAMI, FL 33135 US

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: GREGG DAVIS

04/24/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** SAMMY, MAH T  
**Address:** 7 EAST BALTIMORE STREET  
**City-St-Zip:** BALTIMORE, MD 21202**Title:** ED ( ) Delete  
**Name:** ZIEMER, TIMOTHY R  
**Address:** 7 EAST BALTIMORE STREET  
**City-St-Zip:** BALTIMORE, MD 21202**Title:** C ( ) Delete  
**Name:** MACDONALD, GORDON DR.  
**Address:** 36 OLD GILMANTON ROAD  
**City-St-Zip:** CANTERBURY, NH 03224**Title:** S ( ) Delete  
**Name:** HARKINS, DERRICK DR  
**Address:** 4606 16TH STREET, N.W.  
**City-St-Zip:** WASHINGTON, DC 20011**Title:** T ( ) Delete  
**Name:** LANDREBE, ROBERT S  
**Address:** 130 ESSEX STREET  
**City-St-Zip:** SOUTH HAMILTON, MA 01982**Title:** VC ( ) Delete  
**Name:** WOLGEMUTH, SAMUEL  
**Address:** 23 OAKBROOK DRIVE  
**City-St-Zip:** COTO DE CAZA, CA 92679**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMMY MAH

P

04/24/2006

Electronic Signature of Signing Officer or Director

Date