

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 847028

FILED
Jan 14, 2009
Secretary of State

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:

DAVIS, GREGG
2150 SW 8TH STREET
2ND FLOOR
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MAH, SAMMY T
Address: 7 EAST BALTIMORE STREET
City-St-Zip: BALTIMORE, MD 21202

Title: VP () Delete
Name: KARY, JAN
Address: 7 EAST BALTIMORE STREET
City-St-Zip: BALTIMORE, MD 21202

Title: CFO () Delete
Name: SANDERSON, KEVIN
Address: 7 E. BALTIMORE STREET
City-St-Zip: BALTIMORE, MD 21202

Title: BD S () Delete
Name: HARKINS, DERRICK DR
Address: 4606 16TH STREET, N.W.
City-St-Zip: WASHINGTON, DC 20011

Title: BD T () Delete
Name: LANDREBE, ROBERT S
Address: 130 ESSEX STREET
City-St-Zip: SOUTH HAMILTON, MA 01982

Title: CHM () 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 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: JAN KARY

VP

01/14/2009

Electronic Signature of Signing Officer or Director

Date