

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F97000000826

1. Corporation Name

BIBLICAL EVANGELISM, AN INDEPENDENT BAPTIST EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business

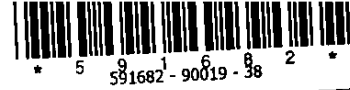
644 SAN MARINO DRIVE
LADY LAKE FL 32159

Mailing Address

644 SAN MARINO DRIVE
LADY LAKE FL 32159

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90019 038 ****61.25



2. Principal Place of Business

21 1700 Waterford Drive

Suite, Apt. #, etc.

22 #156

City & State

23 Vero Beach

Zip

24 FL

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 Same

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

02/17/1997

4. FEI Number

75-1047705

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

SUMNER, ROBERT L
644 SAN MARINO DRIVE
LADY LAKE FL 32159

10. Name and Address of New Registered Agent

81 Name Robert L. Sumner

82 Street Address (P.O. Box Number is Not Acceptable)

1700 Waterford Drive, #156

83

84 City

Vero Beach

FL

85 Zip Code

32966

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 P ☐ DELETE

NAME YOUNGER, W T
STREET ADDRESS 1103 CAYUSE CIRCLE, S.E.
CITY-ST-ZIP SALEM OR

TITLE STD ☐ DELETE

NAME CROTTY, RALPH
STREET ADDRESS 1048 GAULT DR
CITY-ST-ZIP YPSILANTI MI

TITLE D ☐ DELETE

NAME COPASS, ROGER
STREET ADDRESS 6132 GRAYSFORD PLACE
CITY-ST-ZIP FORT WAYNE IN

TITLE V ☐ DELETE

NAME WALL, E WAYNE
STREET ADDRESS 113 BLACKSMITH RD
CITY-ST-ZIP LEXINGTON SC 29072

TITLE D ☐ DELETE

NAME DIXON, PAUL
STREET ADDRESS 2731 TOBIAS ROAD
CITY-ST-ZIP CEDARVILLE OH

TITLE D ☒ DELETE

NAME GRAHL, BARRY C
STREET ADDRESS 4736 N DAWNMEADOW COURT
CITY-ST-ZIP PLANT CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

D
W. Thomas Younger
1103 Cayuse Circle
Salem, OR 97306-1367

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/99 (561) 794-1144

0002103

CR2E037 (5/99)