**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 10, 1999 8:00 am § Secretary of State

05-10-1999 90190 028 \*\*\*\*61.25

## **DOCUMENT # N12943**

1. Corporation Name

REACH THE WORLD FOR JESUS EVANGELISTIC ASSOCIATE ON, INC.

| Principal Place of Busines |
|----------------------------|
| P.O. BOX :455              |
| SOPCHOPPY FL 32358         |

Mailing Address

P.O. BOX 455 -SOPCHOPPY FL 32358

|--|

| 2. Principal Place of Business 2. Mailling Address 2. P.O. Box 145 2. P.O. Box |  |  |                     |          | فنا    |                      |            |                                    |   |             |  |  |  |
|--|--|--|---------------------|----------|--------|----------------------|------------|------------------------------------|---|-------------|--|--|--|
| Suite, Apt. #, etc.  22  | Principal Place of Business     2a. Mailing Address  |  |                     |          |        |                      |            |                                    |   |             |  |  |  |
| Sqme   27   Sac   Sqme   27   Sac   Sque   28   State   Status     | 21   | 21 P.O. Box 145 26 P.O. Box 14   |                     |          |        |                      | 01/10/1986 |                                    |   |             |  |  |  |
| City & State  City & State  City & State  28  Zip  Country  Zip  Zip  Country  Zip  Zip  Country  Zip  38.75 Additional Fee Required  Intry  6. Election Campaign Financing  Trust Fund Contribution  Added to Fees  9. Name and Address of Current Registered Agent  KEMP, MALCOLM T.  911 MCGUIRE CT  TALLAHASSEE FL-32303-  10. Name and Address of New Registered Agent  81 Name  82 Streat Address (P.O. Box Number is Not Acceptable)  83 CC PON  84 City Tallahassee  FL 85 Zip Code 32 3 2 3 / 2  Dove-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was au agent. I am familiar with, and accept the obligations of, Section 617.0503, Flori a Statute  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: F)  Washington.  (NOTE: F)  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statute  12. Streat Address (P.O. Box Number is Not Acceptable)  13. Streat Address (P.O. Box Number is Not Acceptable)  14. City Tallahassee  FL 85 Zip Code  15. Ove-named corporation submits this statement for the purpose of changing its registered  16. Election Campaign Financing  18. Name  19. Name and Address of New Registered Agent  18. Name  19. Variable City Tallahassee  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  18. Name  19. Address (P.O. Box Number is Not Agentable)  18. Name  18. Name  19. Address (P.O. Box Number is Not Agentable)  18. Name  18. Name  19. Address (P.O. Box Number is Not Agentable)  18. Name  19. Addres |  |  | Suite, Apt. #, etc. |          | 1      | <del>-</del> -       | 4.         |                                    | L | Applied For |  |  |  |
| Zip Country Zip  Zip Country Sip Status Desired Fee Required  Zip Country Sip Status Desired Fee Required  Intry 6. Election Campaign Financing Trust Fund Contribution Added to Fees  9. Name and Address of Current Registered Agent  KEMP, MALCOLM T.  911 MCGUIRE CT  TALLAHASSEE FL-32303 -  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was au agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statute of Signature, typed or printed name of registered agent and sittle if applicable. (NOTE: F. Fed Agent signature required when reinstating)  DATE  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: F. Fed Agent signature required when reinstating)  DATE   | 22   | Same   | 27 5C               | 2        |        |                      |            | 59-2625296                         |   |             |  |  |  |
| Zip    | 22   | City & State   | — ·                 | <b>}</b> |        |                      | 5.         | Certifcate of Status Desired       |   |             |  |  |  |
| 9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was au agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statute agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statute agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statute agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statute agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statute agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statute agent. I am familiar with, and accept the obligations of section 617.0503, Florida Statute agent. I am familiar with, and accept the obligations of section 617.0503, Florida Statute agent. I am familiar with, and accept the obligations of section 617.0503, Florida Statute agent. I am familiar with, and accept the obligations of section 617.0503, Florida Statute agent. I am familiar with, and accept the obligations of section 617.0503, Florida Statute agent. I am familiar with, and accept the obligations of section 617.0503, Florida Statute agent. I am familiar with agent agent and title if applicable. (NOTE: F  |  | , <sub>—</sub>   | Zip                 |          |        | entry                | 6.         | , , ,                              |   | •           |  |  |  |
| KEMP, MALCOLM T.  911 MCGUIRE CT  TALLAHASSEE FL-32303  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was au agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statute agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statute of Florida. Such change was au agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statute of Florida. Such change was au agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statute of Florida. Such change was au agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statute of Florida. Such change was au agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statute of Florida. Such change was au agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statute of Florida. Such change was au agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statute of Florida. Such change was au agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statute of Florida. Such change was au agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statute of Florida Statute.  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: F   | ( <del></del> (  |  |                     |          |        | 1.231.4110.0011.2310 |            |                                    |   |             |  |  |  |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was au agent. I am familiar with, and accept the obligations of, Section 617.0503, Floridal Statute of the corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby ac | KEMP, MALCOLM T.  911 MCGUIRE CT   |  |                     |          |        | 82 Street Addres     | 8 (f       | P.O. Box Number is Not Acceptable) |   |             |  |  |  |
| office or registered agent, or both, in the State of Florida. Such change was au jorizing 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, Floridal Substitute of Floridal Such change was au jorizing 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, Floridal Substitute of Florid |  |  |                     |          | يعاقيم | 84 City Talk         | ah         | assee Fl                           | - | 32312       |  |  |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: F, red Agent signature required when reinstating)  DATE  On The Proof Agent signature required when reinstating)  |  | 11. Pursuant to the provisions or Sections of 17.002 and 617.1006, Florida Statute; the pover-lamber College of the Corporation's board of directors. I hereby accept the appointment as registered of corporation is board of directors. I hereby accept the appointment as registered  |                     |          |        |                      |            |                                    |   |             |  |  |  |
| The second of th | SIGNATURE  Stoneture typed or printed name of registered agent and title if applicable. (NOTE: 5 yed Agent signature required with the printed of the printe |  |                     |          |        |                      |            | reinstating) DATE                  |   | <del></del> |  |  |  |
|  | 12   | APPLICATION OF THE PROPERTY OF |                     |          |        |                      |            |                                    |   |             |  |  |  |

|                |  | 1                | / 4481   **            | ~/M/W3                   |   |                                     |                                 |                      |
|----------------|--|------------------|------------------------|--------------------------|---|-------------------------------------|---------------------------------|----------------------|
| office or re   | to the provisions of Sections 617.0502 and 617.1508, egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section | change was au li | the pove-named         | corporation subr         | mits this statement for<br>if directors. I hereby | or the purpose of accept the appoir | changing its r<br>ntment as reg | egistered<br>istered |
| SIGNATURE      |  | (NOTE: F         | <u>//</u>              | equired when reinstating |   | DATE                                |                                 |                      |
|                | Signature, typed or printed name of registered agent and title if applicable   | (NOTE: 1)        | ved Agent signature in |                          | TIONS/CHANGES TO                                  |                                     | DURECTOR                        | 25 IN 12             |
| 12.            | OFFICERS AND DIRECTORS   | <del></del> -    | <b>/11 ?</b>           | ADDI                     | HONS/CHANGES IN                                   | O OF FIGURE 7.11                    |                                 | Addition             |
| TITLE          | C  | ☐ DELETE         | TITLE                  | _                        |   |                                     | Change                          | Magicon              |
| NAME           | KEMP, MALCOLM T.   | 1                | NAME                   | same                     | = . la = T  | ) D                                 |                                 |                      |
| STREET ADDRESS | 911-MCGUIRE CT   |                  | STREET ADDRESS         |                          | Ocleon D  |                                     |                                 |                      |
| CITY-ST-ZIP    | TALLAHASSEE FL-32303-  |                  | CITY-ST-ZIP            | Tallaho                  | issee, FL   | <i>32 3/2</i>                       |                                 |                      |
| TITLE          | D .  | DELETE           | ∠1 ππle                | ļ                        |   |                                     | Change                          | ☐ Addition           |
| NAME           | KEMP, LYNDA L.   |                  | 2.2 NAME               |                          |   |                                     |                                 |                      |
| STREET ADDRESS | 3228 ISLAND BLVD.  |                  | 2.3 STREET ADDRESS     | 1                        |   |                                     |                                 |                      |
| CITY-ST-ZIP    | SEVIERVILLE TN 37862   |                  | 2.4 CITY-ST-ZIP        |                          |   |                                     |                                 | F-1 & 2-2/20         |
| TITLE          | D  | ☐ DELETE         | 3.1 TITLE              |                          |   |                                     | Change                          | Addition             |
| NAME           | MATHIS, ALMYRA   | ļ                | 3.2 NAME               |                          |   |                                     |                                 |                      |
| STREET ADDRESS | 10 MATHIS ROAD   |                  | 3.3 STREET ADDRESS     |                          |   |                                     |                                 |                      |
| CITY-ST-ZIP    | SOPCHOPPY FL 32358   |                  | 3.4. CITY-ST-ZIP       |                          | <u>-</u>  |                                     |                                 |                      |
| TITLE          | D  | ☐ DELETE         | 4.1 TITLE              |                          |   |                                     | ☐ Change                        | Addition             |
| NAME           | VAUSE, VONITA  | }                | 4. 2 NAME              |                          |   |                                     |                                 |                      |
| STREET ADDRESS | FIFTH AVENUE   | ļ                | 4.3 STREET ADDRESS     | }                        |   |                                     |                                 |                      |
| CITY-ST-ZIP    | SOPCHOPPY FL 32358   |                  | 4.4 CITY-ST-ZIP        |                          |   |                                     |                                 |                      |
| TITLE          |  | ☐ DELETE         | 5.1 TITLE              | 1                        |   |                                     | Change                          | ☐ Addition           |
| NAME {         |  | }                | 5.2 NAME               | l                        |   |                                     |                                 |                      |
| STREET ADDRESS |  | -                | 5.3 STREET ADDRESS     |                          |   |                                     |                                 |                      |
| CITY-ST-ZÍP    |  |                  | 5.4 CITY-ST-ZIP        |                          |   |                                     |                                 |                      |
| TITLE          |  | DELETE           | 6.1 TITLE              | Ì                        |   |                                     | Change                          | Addition             |
| NAME I         |  | Į.               | 6.2 NAME               | \                        |   |                                     |                                 |                      |

14. I hereby cartify 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 chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

ALMYRADV. MATHIS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP