

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
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 ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 455  
SOPCHOPPY FL 32358

Mailing Address

P.O. BOX 455  
SOPCHOPPY FL 32358



2. Principal Place of Business

21 P.O. Box 145  
Suite, Apt. #, etc.

22 Same

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 P.O. Box 145  
Suite, Apt. #, etc.

27 Same

28 City & State

29 Zip

3. Date Incorporated or Qualified

01/10/1986

4. FEI Number

59-2625296

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
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 Street Address (P.O. Box Number is Not Acceptable)

3638 Ocleon DR

83

84 City

Tallahassee

FL

85 Zip Code

32312

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statute, I, the undersigned, being a duly authorized officer 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 Statute.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: For a new agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME KEMP, MALCOLM T.

STREET ADDRESS 911 MCGUIRE CT  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D ☐ DELETE

NAME KEMP, LYNDA L.

STREET ADDRESS 3228 ISLAND BLVD.  
CITY-ST-ZIP SEVIERVILLE TN 37862

TITLE D ☐ DELETE

NAME MATHIS, ALMYRA

STREET ADDRESS 10 MATHIS ROAD  
CITY-ST-ZIP SOPCHOPPY FL 32358

TITLE D ☐ DELETE

NAME VAUSE, VONITA

STREET ADDRESS FIFTH AVENUE  
CITY-ST-ZIP SOPCHOPPY FL 32358

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

ALMYRA MATHIS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

(850)962-3998  
Daytime Phone #

CR2E037 (1/98)