FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:19

DOCUMENT # **N19118** **(1)**

1. Corporation Name

THE VERNON EVANGELISTIC CHURCH GLOBAL OUTREACH I NCORPORATED

Principal Place of Business	Mailing Address
SHADY GROVE ROAD P.O. BOX 298 VERNON FL 32462	SHADY GROVE ROAD P.O. BOX 298 VERNON FL 32462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/06/1987
3a. Date of Last Report: 06/20/1994
4. FEI Number: 59-2027421 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FAISON, WALTON C.
RT. 1, BOX 164-B
VERNON FL 32462

10. Name and Address of New Registered Agent

81 Name: HADDOCK, PRESTON
82 Street Address (P.O. Box Number is Not Acceptable): 2881 PIONEER ROAD
83: VERNON, FLORIDA 32462
84 City: VERNON, FLORIDA — FL — 85 Zip Code: 32462

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Preston Haddock — PRESTON HADDOCK — March 9, 1995
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☒ Addition D
NAME	DEITZ, BUDDY M.	12 NAME	SMITH, STEVE
STREET ADDRESS	~~P.O. BOX 311 N/A~~ 701 Maple Street	13 STREET ADDRESS	P.O. BOX 207 - Gopher Circle
CITY-ST-ZIP	~~VERNON FL~~ Chipley, FL 32428	14 CITY-ST-ZIP	VERNON, FLORIDA 32462
TITLE	D	21 TITLE	☐ Change ☒ Addition D
NAME	SIMMONS, THEODORE	22 NAME	PARISH, L.C., JR.
STREET ADDRESS	RT. 1, BOX 73	23 STREET ADDRESS	STAR RT. BOX 191A
CITY-ST-ZIP	VERNON FL	24 CITY-ST-ZIP	VERNON, FLORIDA 32462
TITLE	D	31 TITLE	☐ Change ☒ Addition D
NAME	RUSS, WILBURN W.	32 NAME	CLOUD, DWIGHT
STREET ADDRESS	ROUTE 1, BOX 333	33 STREET ADDRESS	RT. 4, BOX 255 F
CITY-ST-ZIP	CHIPLEY FL	34 CITY-ST-ZIP	CHIPLEY, FLORIDA 32428
TITLE	D	41 TITLE	☐ Change ☒ Addition D
NAME	HOWELL, JAMES	42 NAME	LILLARD, DAN
STREET ADDRESS	ROUTE 1, BOX 77	43 STREET ADDRESS	Rt. 1 BOX 482
CITY-ST-ZIP	VERNON FL	44 CITY-ST-ZIP	CARYVILLE, FLORIDA 32427
TITLE	D	51 TITLE	☐ Change ☒ Addition D
NAME	SHAW, SCOTT	52 NAME	BUSH, MACON T.
STREET ADDRESS	STAR RT. BOX 198-A	53 STREET ADDRESS	RT. 1, BOX 503
CITY-ST-ZIP	VERNON FL	54 CITY-ST-ZIP	CARYVILLY, FLORIDA 32427
TITLE	O	61 TITLE	☐ Change ☐ Addition
NAME	PARISH, VAL	62 NAME	
STREET ADDRESS	STAR TR. BOX 191-A	63 STREET ADDRESS	
CITY-ST-ZIP	VERNON FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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.

SIGNATURE: Val Parish — VAL PARISH — MARCH 9, 1995 — 904-535-2830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0029302