

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Hwy 79,		26 Hwy 79		02/06/1987		04/12/1995	
22 Suite, Apt. #, etc. P.O. Box 298		27 Suite, Apt. #, etc. P.O. Box 298		4. FEI Number 59-2027421		Applied For Not Applicable	
23 City & State Vernon, FL		28 City & State Vernon, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip 32462		25 Country Washington		29 Zip 32462		30 Country Washington	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**HADDOCK, PRESTON
2881 PIONEER ROAD
VERNON FL 32462**

81 Name	Wilburn W. Russ		
82 Street Address (P.O. Box Number is Not Acceptable)	Route 1, Box 333		
83			
84 City	Chipley,	85 Zip Code	FL 32462

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 *Wilburn W. Russ*

7-21-96

Signature, typed 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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEITZ, BUDDY M.	1.2 NAME	Owens, Gary
STREET ADDRESS	701 MAPLE STREET	1.3 STREET ADDRESS	3474 Spoolmill Rd.
CITY-ST-ZIP	CHIPLEY FL	1.4 CITY-ST-ZIP	Vernon, FL 32462
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, THEODORE	2.2 NAME	
STREET ADDRESS	RT. 1, BOX 73	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERNON FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSS, WILBURN W.	3.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 333	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, JAMES	4.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 77	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERNON FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, SCOTT	5.2 NAME	
STREET ADDRESS	STAR RT. BOX 198-A	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERNON FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARISH, VAL	6.2 NAME	S/T
STREET ADDRESS	STAR TR. BOX 191-A	6.3 STREET ADDRESS	Evans, Sherri.
CITY-ST-ZIP	VERNON FL	6.4 CITY-ST-ZIP	Vernon, FL 32462

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)(k), 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.

SIGNATURE: *Sherri Evans*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-96

Date

(904) 544-5114

Daytime Phone #

CR2E037 (3/96)