

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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

HWY 79
P.O. BOX 298
VERNON FL 32462
USHWY 79
P.O. BOX 298
VERNON FL 32462-0298
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/06/1987	3a. Date of Last Report 07/31/1996
21		26		4. FEI Number 59-2027421	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSS, WILBURN W.
RT 1 BOX 333
CHIPLEY FL 32462

81 Name WHITE, JAMES	85 Zip Code 32464
82 Street Address (P.O. Box Number is Not Acceptable) Rt. 3 Box 475	
83	
84 City Westville,	85 State FL

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

James B. White

(NOTE: Registered Agent signature required when reinstating)

4-6-97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, GARY	1.2 NAME	
STREET ADDRESS	3474 SPOOLMILL ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERNON FL	1.4 CITY-ST-ZIP	
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	ST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, SHERRI	6.2 NAME	
STREET ADDRESS	3414 COOK CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERNON FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

Sherril Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec./Treasurer

4-6-97

Date

Daytime Phone 0010371

CR2E037 (9/96)