

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 # N25229 (8)

1. Corporation Name

WORLDWIDE EVANGELISTIC GOSPEL ASSOCIATION OF ESC
AMBIA COUNTY, FLORIDA, INC.



Principal Place of Business

Mailing Address

3438 W LUKE
PENSACOLA FL 32505
US

P O BOX 283
CANT FL 32533
US

2. Principal Place of Business

2a. Mailing Address

21 3438 W Luke

26 P O Box 283

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 PENSACOLA FL

28 CANT. FL

24 Zip

Country

29 Zip

Country

32505

ES

32533

ESC.

9. Name and Address of Current Registered Agent

SMILEY, ANTHONY D.
211 CONCORDIA BLVD.
PENSACOLA FL 32505

3. Date Incorporated or Qualified

03/04/1988

3a. Date of Last Report

06/05/1995

4. FEI Number

35-1580091

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SMILEY, EDDIE L.
STREET ADDRESS 2997 HIGHWAY 95, A NORTH
CITY - ST - ZIP MARY ESTHER FL

TITLE VD ☐ DELETE

NAME SMILEY, MARTHA
STREET ADDRESS 2997 HIGHWAY 95, A NORTH
CITY - ST - ZIP MARY ESTHER FL

TITLE TD ☐ DELETE

NAME SMILEY, KEVIN C.
STREET ADDRESS 2997 HIGHWAY 95, A NORTH
CITY - ST - ZIP MARY ESTHER FL

TITLE SD ☐ DELETE

NAME SMILEY, WAYNE
STREET ADDRESS 228 SEVILLE CIRCLE
CITY - ST - ZIP MARY ESTHER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0017443

CR2E037 (3/96)