

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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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
RENSA CALA FL 32505
US

P.O. BOX 283
CANT FL 32533-0283
US



3. Date Incorporated or Qualified **03/04/1988** 3a. Date of Last Report **06/21/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **35-1580091** Applied For Not Applicable

21 **3438 W. LUKE ST** 26 **P.O. BOX 283** 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 **PENSACOLA FL** 28 **CANTONMENT, FL** 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24 **32505** 25 **Escambia** 29 **32505** 30 **Escambia** 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

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

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMILEY, EDDIE L. | 1.2 NAME | Smiley Eddie L. |
| STREET ADDRESS | 2997 HIGHWAY 95, A NORTH | 1.3 STREET ADDRESS | 2997 Highway 95-A.N |
| CITY-ST-ZIP | MARY ESTHER FL CANTONMENT | 1.4 CITY-ST-ZIP | CANTONMENT, FL 32503 |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMILEY, MARTHA | 2.2 NAME | Smiley MARTHA |
| STREET ADDRESS | 2997 HIGHWAY 95, A NORTH | 2.3 STREET ADDRESS | 2997 Highway 95, A.N |
| CITY-ST-ZIP | MARY ESTHER FL | 2.4 CITY-ST-ZIP | CANTONMENT FL 32503 |
| TITLE | TD <input type="checkbox"/> DELETE | 3.1 TITLE | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMILEY, KEVIN C. | 3.2 NAME | Smiley, Kevin C. |
| STREET ADDRESS | 2997 HIGHWAY 95, A NORTH | 3.3 STREET ADDRESS | 121- VANDERBITY |
| CITY-ST-ZIP | MARY ESTHER FL | 3.4 CITY-ST-ZIP | PENSACOLA FL 32505 |
| TITLE | SD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMILEY, WAYNE | 4.2 NAME | |
| STREET ADDRESS | 228 SEVILLE CIRCLE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MARY ESTHER FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: SIGNATURE REQUIRED *Eddie L. Smiley* 904.587-2701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073331

CR2E037 (9/96)