

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90287 041 ****61.25

DOCUMENT # N25229

1. Corporation Name

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

Principal Place of Business

2610 W MICHIGAN AVE
PENSACOLA FL 32505
US

Mailing Address

P.O. BOX 283
CANTONMENT FL 32533
US

452728-90287-41 8



2. Principal Place of Business

21 2610 W. Michigan Ave
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 283
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

03/04/1988

4. FEI Number

35-1580091

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

22 City & State

23 Pensacola FL
Zip Country

24 32526 25 ESC

27 City & State

28 CANT. FL
Zip Country

29 32533 30 ESC

9. Name and Address of Current Registered Agent

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

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

TITLE VD
NAME SMILEY, MARTHA
STREET ADDRESS 2997 HIGHWAY 95, A NORTH
CITY-ST-ZIP CANTONMENT FL

TITLE TD
NAME SMILEY, KEVIN C.
STREET ADDRESS 121 VANDERBITY
CITY-ST-ZIP PENSACOLA FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD
1.2 NAME Audrena A while
1.3 STREET ADDRESS 4620 HAVRE WAY (HAYRE)
1.4 CITY-ST-ZIP Pensacola FL 32506

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/99

Date

850-587-2201

Daytime Phone #

CR2E037 (11/98)