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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS DOCUMENT # N93000000411 (9)

WORLD EVANGELISM OUTREACH, INC.

| Principal Place of Business Mailing Address 1541 E HWY 90 DEFUNIAK SPRINGS FL 32433 US 3. Date Incorporated or Qualified 01/26/1993 02/01/1995 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 4. FEI Number Applied For Sp-2522011 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 2c City & State 2d City & State 2d City & State 2d Country 2d 2d 25 2e 30 30 Suite, Apt. #, etc. 2i Suite, | 1541 E HI DEFUNIAK US 2. Principal 21 Suite, Ap 22 City & St 23 Zip WHITE | Place of Business ot. #, etc. ate Country 25 | 1541 E HWY 90 DEFUNIAK SPRINGS F US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 | | | 3. Date Incorporated or Qualified 01/26/1993 4. FEI Number 59-2522011 5. Certificate of Status Desired | 3a. Date of Last Repor 02/01/1995 Applied Not Ap \$8.75 Addi Fee Requir | t d For xplicable |
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| State City & Corder C | 22 City & St 23 Zip 24 WHITE | Country 25 | 27 City & State 28 Zip 29 | Cour | | | Fee Requir | |
| 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 24 25 29 30 Florida Statutes Yes No 9, Name and Address of Current Registered Agent WHITE, R W 80 GUAVA AVE DEFUNIAK SPRINGS FL 32433 28 Trust Fund Contribution Added to Fees Country 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 Street Address (P.O. Box Number Is Not Acceptable) | 23 7 p 24 WHITE | Country 25 | 28 Zip 29 | Cour | | 6 Election Campaign Financing | AE 00 | |
| Zip Country Zip Country B. This corporation has liability for intangible, tax under s. 199.032, Florida Statutes Yes No 9. Name and Address of Current Registered Agent WHITE, R W 80 GUAVA AVE DEFUNIAK SPRINGS FL 32433 | Zip 24 WHITE | 25 | Z _P 29 | Cour | | 1 | | |
| 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WHITE, R W 80 GUAVA AVE DEFUNIAK SPRINGS FL 32433 84 City | WHITE | 25 | 29 | — · · · · | ntrv | | ADDED TO FE | |
| WHITE, R W 80 GUAVA AVE DEFUNIAK SPRINGS FL 32433 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 Street Address (P.O. Box Number Is Not Acceptable) 84 Oity | | 9. Name and Address of Curre | ant Pagistared Agent | 30 | , | 1 - | | 32, |
| WHITE, R W 80 GUAVA AVE DEFUNIAK SPRINGS FL 32433 82 Street Address (P.O. Box Number Is Not Acceptable) 83 B4 City 85 Zin Code | | | ant registered Agent | | | 10. Name and Address of New R | egistered Agent | |
| 80 GUAVA AVE DEFUNIAK SPRINGS FL 32433 B3 B4 City — A61 Zin Code | | | | ľ | 81 Name | | | |
| DEFUNIAK SPRINGS FL 32433 B3 B4 City — B5 7 Code | BU GL | | | Ī | 82 Street A | ddress (P.O. Box Number Is Not Acceptable | ө) | |
| 84 City 85 70 Code | | | | <u> </u> | B3 | | | |
| B4 City B5 Zip Code | DEFO | MUAN OFFINGO FE 02400 | | 1 | 24 0 | | | |
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| 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 of 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. | or regis | tereo agent, or both, in the State of Fio | rida. Such change was authoriz | ed by the co | re-named cor orporation's b | poration submits this statement for the purpoard of directors. I hereby accept the appo | cose of changing its register intrnent as registered agent | ed office . I am |
| SIGNATURE | SIGNATURE | | | | | | | |
| | 12. | Signature, typed or printed name of registered agent and title if applicable (NOTE: Registrature, typed or printed name of registered agent and title if applicable (NOTE: Registrature, typed or printed name of registered agent and title if applicable | | | Agent signature rec | | | 12 |
| TILE PDC DELETE 1.1 TITLE Change Addition | | · | | | LE | ADDITIONS/OFFAINGES TO OFFE | | |
| NAME WHITE, R. W | NAME | | | 1.2 NA | ME | | | |
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| CITY-ST-ZIP DEFUNIAK SPRINGS FL 1.4 CITY-ST-ZIP | | _ | Danier | | | | | |
| TITLE D Change Addition | | | [_]DELETE | | | | ∐ Change ☐ / | 4ddition |
| NAME WHITE, JOHN J STREET ADDRESS JOHN WHITE ROAD 22 NAME 23 STREET ADDRESS | | | | | | | | |
| STREET ADDRESS JOHN WHITE ROAD CITY-ST-ZIP DEFUNIAK SPRINGS FL 2.4 CITY-ST-ZIP | | | | | | | | |
| TITLE STD DELETE 3.1 TITLE DELETE Addition | | | DELETE | | | | Change / | Addition |
| NAME CAMPBELL, LEON 32 NAME | NAME | | | 3.2 NA | ME | | | |
| STREET ADDRESS 138 CYPRESS AVE 3.3 STREET ADDRESS | STREET ADDRES | | | 3.3 STR | REET ADDRESS | | | |
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| TIFLE VD DELETE 4.1 TITLE Change Addition | | | □\nereif | | | | Change | uddition |
| NAME WHITE, ROGER D STREET ADDRESS HWY C 81A 4.3 STREET ADDRESS | | 1 | | | | | | |
| STREET ADDRESS CITY-SI-ZIP PONCE DE LEON FL 4.3 STREET ADDRESS 44 CITY-SI-ZIP | | | | 1 | | | | |
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| NAME 62 NAME | | | | 6.2 NA | ME | | | |
| STREET ADDRESS 63 STREET ADDRESS | | s | | | | | | |
| CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 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 | | | | E 64 CID | | | | |

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 in attachment with an address.

SIGNATURE:

2-16-96 904-892-622