FILE NOW: FILING FEE IS \$61.25

Mailing Address 1541 E HWY 90

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1541 E HWY 90

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23 1997 8:00am

Secretary of State

Daytime Phone #0010040

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N93000000411 (9) DOCUMENT # 1. Corporation Name

WORLD EVANGELISM OUTREACH, INC.

Defuniak sprii Us	NGS FL 32433	US								
J 3		00			3. Date Incorporated or Qualified 01/26/1993	ed 3a. Date of Last Report 02/20/1996				
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For				
21						59-2522011			Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Sta	te	City & State				6. Election Campaign Financing		\$5	.00 м	av Re
23		28			Trust Fund Contribution Added to Fee					
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for	intangible	ole tax under s. 199.032,		
24	25	29	30			Florida Statutes Yes Vo				
Name and Address of Current Registered Agent						10. Name and Address of New Re	gistered /	\gent		
				81	Name					
WHITE, F			82 Street Add			dress (P.O. Box Number is Not Acceptab	le)			
80 GUAV										
DEFUNIA	ik springs fl 32433			83						
				84	City		Fi	85	Zip Co	de
11 Purcuant	to the provisions of Sections 617.050	12 and 617 1508 Florida Statu	utes the at	20/6	a-named cor	rporation submits this statement for the p		chano	ing its	haratsina
office or	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was	s authorized	d by	the corpora	ation's board of directors. I hereby accep	ot the app	ointme	nt as re	gistered
SIGNATURE		And the state of t	37F 0- 1-	1 4		ured when reinstating)	DATE			
12.	Signature, typod or printed name of registered age	D DIRECTORS	13.) Age	ut albuainte teda	ADDITIONS/CHANGES TO OFFIC		DIREC	CTORS	IN 12
TITLE	PDC DELETE			1.1 TITLE				Chi		Addition
NAME	WHITE, R. W		1.2 NA	ME	1					
STREET ADDRESS	80 GUAVA AVE		1.3 ST		ADDRESS					
CITY-ST-ZIP	DEFUNIAK SPRINGS FL			1.4 CITY-ST-ZIP						
TITLE	D DELETE			2.1 TITLE				Ch	ange	Addition
NAME	WHITE, JOHN J		2.2 NA	2.2 NAME						
STREET ADDRESS	JOHN WHITE ROAD			2.3 STREET ADDRESS						
CITY - ST - ZIP	WHEN MILLIA CHOMINA PI		2.4 C	ITY-S	ST-ZIP					
TITLE	STD	DELETE	3.1 TITLE					Chi	ange	Addition
NAME	CAMPBELL, LEON		32 NA	32 NAME						
STREET ADDRESS	138 CYPRESS AVE		3.3 STAE		ADDRESS					
CITY-ST-ZIP	DEFUNIAK SPRINGS FL			3.4. CITY-ST-ZIP						
TITLE	VD	☐ DELETE	4.1 711	ΓLE				Chi	ചവുഭ	Addition
NAME	WHITE, ROGER D		4. 2 NAM		ĺ					
STREET ADDRESS	HWY C 81A		4.3 ST		ADDRESS					
CITY-ST-7iP	PONCE DE LEON FL		4.4 CI	TY - S	T-ZIP					_4
TITLE		☐ DELETE	5.1 T()	TLE				Chi	ange	Addition
NAME	Į.		5.2 NA	ME	- (
STREET ADDRESS			5.3 ST	REET	ADDRESS					
CITY-ST-ZIP			5 4 CI	TY-S	T-ZIP					
TITLE	DELETE 6.1		6.1 TIT	.1 TITLE				☐ Ch	ange	Addition
NAME	\		6.2 NA	ME	<u> </u>					į
STREET ADDRESS	DDRESS 6.			REET	ADDRESS					

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