

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N93000000411 (9)**

1. Corporation Name

**WORLD EVANGELISM OUTREACH, INC.**

Principal Place of Business

Mailing Address

**1541 E HWY 80  
DEFUNIAK SPRINGS FL 32433  
US**

**1541 E HWY 80  
DEFUNIAK SPRINGS FL 32433  
US**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**24** Country

**28** Zip

**29** Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**01/26/1993**

4. FEI Number

**59-2522011**

Applied For

Not Applicable

6. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**WHITE, R W  
80 GUAVA AVE  
DEFUNIAK SPRINGS FL 32433**

**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 617.1506, 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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME  
WHITE, R. W  
STREET ADDRESS  
80 GUAVA AVE  
CITY - ST - ZIP  
DEFUNIAK SPRINGS FL**

TITLE ☐ DELETE

**NAME  
WHITE, JOHN J  
STREET ADDRESS  
JOHN WHITE ROAD  
CITY - ST - ZIP  
DEFUNIAK SPRINGS FL**

TITLE ☐ DELETE

**NAME  
CAMPBELL, LEON  
STREET ADDRESS  
138 CYPRESS AVE  
CITY - ST - ZIP  
DEFUNIAK SPRINGS FL**

TITLE ☐ DELETE

**NAME  
WHITE, ROGER D  
STREET ADDRESS  
HWY C 81A  
CITY - ST - ZIP  
PONCE DE LEON FL**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE:

*Leon Campbell* **850-4-1398-892-6226**

CR2E037 (10/97)