NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

N95000000366 (3)

DOCUMENT #	N95000000366
WORLDWIDE BROAD	CASTING MINISTRIES, INC.

4318 S.W. BIST PLACE			<u> </u>		
1010 01111 0101 10100	ailing Address		i id bired and failer dreit danse bein an	****	1001
GAINESVILLE FL 32608	P.O. BOX 140237 Gainesville FL 32614				
			3. Date Incorporated or Qualified 01/01/1995	3a. Date of Last Repo	ort
2. Principal Place of Business 2a	. Mailing Address		4. FEI Number	Applie	ed For
16400- N.W. 106th Place 26	P.O. Box 35	7	59-3308094	<del></del>	pplicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Add	
2 #9 27				Fee Hequ	
City & State	City & State	731	Election Campaign Financing     Trust Fund Contribution	□ \$5.00 M Added to	•
	Gainesville	Country	This corporation has liability for intal		
	32602-0357			Yes 🙀 No	
9. Name and Address of Current Regi			10. Name and Address of New Reg	Istered Agent	
		81 Name	t G. Voyles		
VOYLES, ROBERT G		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
4318 S.W. 81ST PLACE		6400-	9 N.W. 106th Place		
GAINESVILLE FL 32608		63			
		84 City		<b>85</b> Zip Co	de
		Alach	ua, Tlemico	FL 326	
<ol> <li>Pursuant to the provisions of Sections 617,0502 and 6 or registered agent, or both, in the State of Florida. Sug</li> </ol>	17.1508, Florida Statutes,	the above named corpo by the corporation's boa	pration submits this statement for the purpo and of directors. I hereby accept the appoin	ise of changing its regist Itment as registered age	rerea onic nt. I am
familiar with, and accept the obligations of, Section 617	.0503, Florida Statutes.	by the corporation of the			
SIGNATURE				DATE	
Signature, typed or printed name of registered agent and title i		Registered Agent signature require 13.	ed when reinstating)  ADDITIONS/CHANGES TO OFFICE		IN 12
	DELETE	1.1 T(T) 5			Addition
INTE PO		1.2 NAME	P/D	<i>n</i> − -	_
NAME VOYLES, ROBERT G STREET ADDRESS 4318 S.W. 81ST PLACE		12 CTREST ADDRESS F	Robert G. Voyles		
1010 01111 11111		I 6	6400-9 N.W. 106th F	Place	
CITY-ST-ZIP GAINESVILLE FL 32608  TITLE VD	DELETE	21 TITLE	Alachua, Fl 32615	Change	Addition
NAME VOYLES, JAMES W		2.2 NAME			
		2 3 STREET ADDRESS			
STREET ADDRESS 1704 N.W. 8TH AVE.		2 3 STREET ADDRESS 2 4 CITY-ST-ZIP			
STREET ADDRESS 1704 N.W. 8TH AVE. CITY-ST-2IP GAINESVILE FL 32603	DELETE	2 4 CITY-ST-ZIP	/T/D	Change [	Addition
STREET ADDRESS         1704 N.W. 8TH AVE.           CITY-ST-2IP         GAINESVILE FL 32603           TITLE         STD	DEL€TE	2 4 CITY-ST-ZIP 3 1 TITLE S	/T/D lice M. Voyles	Change	Addition
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STREET ADDRESS         1704 N.W. 8TH AVE.           CITY-ST-ZIP         GAINESVILE FL 32603           TITLE         STD           NAME         VOYLES, ALICE M		2 4 CITY-ST-ZIP  31 TITLE  32 NAME  33 STREET ADDRESS  34 CITY-ST-ZIP  A	lice M. Voyles 400-9 N.W. 106th P lachua. Fl 32615	lace	_
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DirLeres / 1/1904-462-7264 BIGNATURE AND TYPES OR PRINTED NAME OF JIGNING OFFICER OR DIRECTOR SIGNATURE: Daytime Phone #

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