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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90166 002 ****61.25

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1. Corporation Name
WORLDWIDE BROADCASTING MINISTRIES, INC.

Principal Place of Business	Mailing Address
6400 N.W. 106TH PLACE #9 ALACHUA FL 32615 US	P.O. BOX 357 GAINESVILLE FL 32602-0357 US

2. Principal Place of Business 21 1704 NW 8th Ave	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/01/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3308094 ☐ Applied For ☐ Not Applicable
City & State 23 Gainesville FL	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 32603 25 USA	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VOYLES, ROBERT G 1704 NW 8TH AVNEUE GAINESVILLE FL 32603	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VOYLES, ROBERT G		1.2 NAME	
STREET ADDRESS	1704 NW 8TH AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32603		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VOYLES, JAMES W		2.2 NAME	
STREET ADDRESS	1704 N.W. 8TH AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32603		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	VOYLES, ALICE M		3.2 NAME	
STREET ADDRESS	1704 NW 8TH AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32603		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BURNHAM, BILL		4.2 NAME	
STREET ADDRESS	1985 OLD FOUNTAIN RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	LAWRENCEVILLE GA 30243		4.4 CITY-ST-ZIP	
TITLE	D	☑ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MEHL, THOMAS S		5.2 NAME	
STREET ADDRESS	22904 S.W. 30TH AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BUTLER, TERRY		6.2 NAME	
STREET ADDRESS	793 FLOWING WELL RD		6.3 STREET ADDRESS	
CITY-ST-ZIP	WAGENER SC 29164		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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 REQUIRED Robert G. Voyles 4-19-99 352-378-3227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #