

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

FILED

96 DEC -2 AM 7:58

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra M. ...
 OFFICE OF CORPORATIONS

96 AR

DOCUMENT # 895000002047 N95000002047 (7)

1. Corporation Name
THE CHURCH OF GOD WORLD FELLOWSHIP INC.

Principal Place of Business Mailing Address
**3145 NW 168 TERRACE
 MIAMI, FL 33056**

3. Date Incorporated or Qualified 04-28-95	3a. Date of Last Report 7-15-96
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business 3145 N.W. 168 TER	2a. Mailing Address 3145 NW 168 TER
22. Suite, Apt. #, etc. CHURCH OFFICE	27. Suite, Apt. #, etc.
23. City & State MIAMI FL.	28. City & State
24. Zip 33056	25. Country U.S.A.
29. Zip	30. Country

9. Name and Address of Current Registered Agent
**BISHOP FREDERICK WALLEN
 19601 N.W. 7 CT
 MIAMI, FL 33169**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 *x Frederick A. Wallen*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P WALLEN, FREDERICK BISHOP
STREET ADDRESS	19601 NW 7 CT.
CITY-ST-ZIP	MIAMI, FL. 33169
TITLE	<input type="checkbox"/> DELETE
NAME	D WALLEN, MURTE
STREET ADDRESS	19601 N.W. 7 CT.
CITY-ST-ZIP	MIAMI, FL. 33169
TITLE	<input type="checkbox"/> DELETE
NAME	D WALLEN, LESLIE
STREET ADDRESS	1488 NE 147 ST
CITY-ST-ZIP	MIAMI, FL. 33181
TITLE	<input type="checkbox"/> DELETE
NAME	D BROOMFIELD, RETIRED
STREET ADDRESS	2266 NW 56 AVE
CITY-ST-ZIP	LAUDERHILL, FL. 33313
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	000002020340--2
13. STREET ADDRESS	-12/05/96--01008--024
14. CITY-ST-ZIP	*****8.75 *****8.75
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	000002020340--2
23. STREET ADDRESS	-12/05/96--01008--025
24. CITY-ST-ZIP	*****61.25
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
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 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: *x Frederick A. Wallen*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x NOV 16 1996 305-682-2722
 Date Daytime Phone #

CR2E037 (3/96)