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Mar 17, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002047

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

Principal Place of Business 3145 N.W. 168TH TERRACE CHURCH OFFICE MIAMI FL 33056	Mailing Address 3145 N.W. 168TH TERRACE CHURCH OFFICE MIAMI FL 33056
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2. Principal Place of Business 21 <input checked="" type="checkbox"/>	2a. Mailing Address 26 <input checked="" type="checkbox"/>	3. Date Incorporated or Qualified 04/28/1995
Suite, Apt. #, etc. 22 <input checked="" type="checkbox"/>	Suite, Apt. #, etc. 27 <input checked="" type="checkbox"/>	4. FEI Number 65-0153246 Applied For <input type="checkbox"/> Not Applicable
City & State 23 <input checked="" type="checkbox"/>	City & State 28 <input checked="" type="checkbox"/>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 <input checked="" type="checkbox"/>	Country 25 <input checked="" type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent WALLEN, FREDERICK BISHOP 19601 N.W. 7 CT. MIAMI FL 33169	10. Name and Address of New Registered Agent 81 Name <input checked="" type="checkbox"/> 82 Street Address (P.O. Box Number is Not Acceptable) <input checked="" type="checkbox"/> 83 <input checked="" type="checkbox"/> 84 City <input checked="" type="checkbox"/> FL 85 Zip Code <input checked="" type="checkbox"/>
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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 Frederick B. Wallen (NOTE: Registered Agent signature required when reinstating) DATE March 2nd 99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLEN, FREDERICK BISHOP	1.2 NAME	<input checked="" type="checkbox"/>
STREET ADDRESS	19601 N.W. 7TH CT.	1.3 STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP	MIAMI FL 33169	1.4 CITY-ST-ZIP	<input type="checkbox"/>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLEN, MURTE	2.2 NAME	<input type="checkbox"/>
STREET ADDRESS	19601 N.W. 7TH CT.	2.3 STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP	MIAMI FL 33169	2.4 CITY-ST-ZIP	<input type="checkbox"/>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, LOLA	3.2 NAME	<input type="checkbox"/>
STREET ADDRESS	14620 NW 15 DRIVE	3.3 STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP	MIAMI FL 33167	3.4 CITY-ST-ZIP	<input type="checkbox"/>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOMFIELD, RETILDA	4.2 NAME	<input type="checkbox"/>
STREET ADDRESS	2286 N.W. 56TH AVE.	4.3 STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP	LAUDERHILL FL 33313	4.4 CITY-ST-ZIP	<input type="checkbox"/>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<input type="checkbox"/>
STREET ADDRESS		5.3 STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<input type="checkbox"/>
STREET ADDRESS		6.3 STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/>

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: Frederick B. Wallen SIGNATURE REQUIRED Frederick B. Wallen 3-2-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)