## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996

SIGNATURE:

DIVISION OF CORPORATIONS

DOCUMENT # N9500002888 (4)  1. Corporation Name  WORLD-WIDE MISSIONARY AND EVANGELISTIC ADVANCE,					
WORLD- INC.	-wide Missionary and EVA	ANGELISTIC ADVAN	UE,		
Principal Place	of Business	Mailing Address		i ibitiling din jaint mittl anste nater ha	
1909 WIND WILLOW ROAD ORLANDO FL 32809  1909 WIND WILLOW ROAD ORLANDO FL 32809					
				3. Date Incorporated or Qualified 06/19/1995	3a. Date of Last Report
2. Principal Pla		2a. Mailing Address		4. FEI Number	Applied For
	2 11 + 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	26 P. O. Bo Suite, Apt. #, etc.	x 592878		Not Applicable  \$8.75 Additional
# Suite, Apt. #			Fl. 32859	5. Certificate of Status Desired	Fee Required
City & State		City & State	14. 36037	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zıp	Country	8. This corporation has liability for inte	angible tax under s. 199.032,
24	25	29	30	Florida Statutes LJ  10. Name and Address of New Reg	Yes No
	g. Name and Address of Current R	egistered Agent	81 Name	10. Hanne and Modress of New Tree	
ORTIZ. LI	IIIC M		00 00-10-10-10-10-10-10-10-10-10-10-10-10-1	ress (P.O. Box Number is Not Acceptable)	
	ND WILLOW ROAD		82 Street Add	ress (F.O. Box Number is Not Acceptable)	
	O FL 32809		83		
			84 City		85 Zip Code
11, Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corpo				FL	
or rogietor	to the provisions of Sections 617.0502 and ed agent, or both, in the State of Florida. th, and accept the obligations of, Section	Such change was authorize	is, the above-named corporation's boa	ard of directors. I hereby accept the appoir	atment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent and	title if applicable (NO	TE: Registered Agent signature require	ed when reinstating)	DATE
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Luis M. Ortiz	• na	1.2 NAME		
STREET ADDRESS	1909 Wind Willow Orlando, Fl. 328		1.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		☐ Change ☐ Addition
TITLE NAME	D D-b Omtig		2 2 NAME		
STREET ADDRESS	Rebecca Ortiz	, pd	2 3 STREET ADDRESS		
CITY-ST-ZIP	Orlando, Fl. 328		2 4 CITY - ST - ZIP		
TITLE	-	DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME	D		3.2 NAME		
STREET ADDRESS	Obed Perez	_	3.3 STREET ADDRESS		
CITY-ST-ZIP	4537 Oak Heaven		3.4. CITY - ST - ZIP 4.1 TITLE	CONTINUES IN A CONTINUE OF THE CONTINUES	Change Addition
TITLE	Orlando Fl. 3283	39	4 2 NAME	30000175 03/25/96010 ***61.25	ity 1 賢にii 24012
NAME STREET ADDRESS			4.3 STREET ADDRESS	- 1007を3700 010 98第11 2号	IT UIC
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Filter ete	5.4 CITY-ST-ZIP		Change
TITLE		☐ DELETE	6.1 TITLE		
NAME			6.2 NAME 6.3 STREET ADDRESS		0225
STREET ADDRESS			6.4 CITY - ST - ZIP		3/1
CITY-ST-ZIP	by certify that the information supplied with	th this filing is voluntarily furi	sighed and door not qualify	for the exemption stated in Section 119.0	7(3)(k), Florida Statutes. I further
certify that		report or supplemental and tion or the receiver or truste	iuai report is true and accu se empowered to execute t	rate and that my signature shall have the s his report as required by Chapter 617, Flo	

Rev. Luis M. Ortiz (407) 851-0434

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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