

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N96000000011 (4)
1. Corporation Name WORLDWIDE OVERSEAS MISSIONS/EVANGELIZING NATIONS, INC.

Principal Place of Business 6002 N MAIN ST JACKSONVILLE FL 32208	Mailing Address 6002 N MAIN ST JACKSONVILLE FL 32208
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 W.O.M.E.N. INC		2a. Mailing Address 26		3. Date Incorporated or Qualified 01/01/1996		3a. Date of Last Report	
Suite, Apt. #, etc. 22 6004 N. MAIN ST		Suite, Apt. #, etc. 27 6004 N. MAIN ST.		4. FEI Number		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State 23 Jacksonville FLA		City & State 28 Jacksonville FLA		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24 32208		Country 25 USA		Zip 29 32208		Country 30 USA	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

9. Name and Address of Current Registered Agent UTLEY, JAMES 6002 N MAIN ST JACKSONVILLE FL 32208				10. Name and Address of New Registered Agent			
				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 James D. Utley 9/12/97 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UTLEY, JAMES	1.2 NAME	
STREET ADDRESS	6002 N MAIN ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UTLEY, HAZEL	2.2 NAME	
STREET ADDRESS	6002 N MAIN ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UTLEY, ANTHONY	3.2 NAME	
STREET ADDRESS	107 SEVENTH AVE E	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD TN 37172	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UTLEY, KENNETH	4.2 NAME	
STREET ADDRESS	108 EIGHTEENTH AVE W	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD TN 37172	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UTLEY, MICHAEL	5.2 NAME	
STREET ADDRESS	108 EIGHTEENTH AVE W	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD TN 37172	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE James D. Utley 9/12/97 004-715-0251

CR2E037 (4/97)