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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N96000005281

1. Corporation Name

~~THE WORLDWIDE FUNDRAISERS CORPORATION~~
WFC Worldwide Funding Corporation

Principal Place of Business

9225 ULMERTON ROAD, SUITE 302B
LARGO FL 33771-3708

Mailing Address

9225 ULMERTON ROAD, SUITE 302B
LARGO FL 33771-3708



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/11/1996

4. FEI Number

59-3404408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

~~AZAR, VICTOR~~
~~9225 ULMERTON RD~~
~~STE. 302B~~
~~LARGO FL 33771~~

10. Name and Address of New Registered Agent

81 Name **Bill Wilhelm**

82 Street Address (P.O. Box Number is Not Acceptable)

9225 Ulmerton Road

83 **Ste 302B**

84 City **Largo**

FL

85 Zip Code **33771**

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

Bill Wilhelm

2/22/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D**
GATE, BILL
STREET ADDRESS **737 N HAMPTON RD**
CITY-ST-ZIP **DALLAS TX 75208**

TITLE ☐ DELETE

NAME **PD**
SPILLR, RICHARD
STREET ADDRESS **743 MAGNOLIA WOOD AVE**
CITY-ST-ZIP **BATON ROUGE LA 70808**

TITLE ☒ DELETE

NAME ~~**DS**~~
~~**EVANS, JAMES D III**~~
~~STREET ADDRESS **3527 21 STREET**~~
~~CITY-ST-ZIP **GULFPORT MS 39501**~~

TITLE ☒ DELETE

NAME ~~**DT**~~
~~**AZAR, VICTOR**~~
~~STREET ADDRESS **1234 PARK STREET N**~~
~~CITY-ST-ZIP **ST PETERSBURG FL 33710**~~

TITLE ☒ DELETE

NAME ~~**D**~~
~~**SCOTT, STEPHEN**~~
~~STREET ADDRESS **3861 SUNRISE LANE**~~
~~CITY-ST-ZIP **TARPON SPRINGS FL 34689**~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **STD**
Bill Wilhelm
1.3 STREET ADDRESS **928 Valmar Street**
1.4 CITY-ST-ZIP **Brandon, FL 33511**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Bill Wilhelm

2/22/99

727-584-0777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)