


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90121 022 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
			
DOCUMENT # N98000002082			
1. Corporation Name WORD EXPLOSION APOSTOLIC & PROPHETIC NETWORK, IN C.			
Principal Place of Business 2330 N.W. 47TH AVENUE LAUDERHILL FL 33313		Mailing Address 2330 N.W. 47TH AVENUE LAUDERHILL FL 33313	



2. Principal Place of Business 21 <i>as above</i>		2a. Mailing Address 26 <i>as above</i>		3. Date Incorporated or Qualified 04/09/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number # 65-0845677	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Zip 30		Trust Fund Contribution	

9. Name and Address of Current Registered Agent BALL, TERRY LAMAR 2330 N.W. 47TH AVENUE LAUDERHILL FL 33313				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BALL, TERRY LAMAR			1.2 NAME			
STREET ADDRESS	2330 N.W. 47TH AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	LAUDERHILL FL 33313			1.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIPALA, JOSEPH			2.2 NAME			
STREET ADDRESS	4130 N.W. 39TH STREET, APT. 207			2.3 STREET ADDRESS			
CITY-ST-ZIP	OAKLAND PARK FL 33312			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BALL, LASHELLE			3.2 NAME			
STREET ADDRESS	2330 N.W. 47TH AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	LAUDERHILL FL 33313			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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 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: *Lashelle Ball* **REQUIRE** *Lashelle Ball* 7/21/99 (954) 735-3282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)