

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 847028

**Entity Name:** WORLD RELIEF CORPORATION OF NATIONAL ASSOCIATION  
OF EVANGELICALS**FILED**  
**Mar 31, 2017**  
**Secretary of State**  
**CC5132025040****Current Principal Place of Business:**7 EAST BALTIMORE STREET  
BALTIMORE, MD 21202**Current Mailing Address:**305 HARRISON STREET SE  
SUITE 300  
LEESBURG, VA 20175 US**FEI Number: 23-6393344****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CARSON, ELAINE  
5107 UNIVERSITY BOULEVARD W.  
SUITE 200  
JACKSONVILLE, FL 32216 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**Title DIRECTOR  
Name ANDERSON, LEITH  
Address 7 EAST BALTIMORE STREET  
City-State-Zip: BALTIMORE MD 21202Title CEO, DIRECTOR  
Name BREENE, TIM  
Address 7 EAST BALTIMORE STREET  
City-State-Zip: BALTIMORE MD 21202Title DIRECTOR  
Name DEAN, JUDITH  
Address 7 EAST BALTIMORE STREET  
City-State-Zip: BALTIMORE MD 21202Title DIRECTOR  
Name EK, TIMOTHY  
Address 7 EAST BALTIMORE STREET  
City-State-Zip: BALTIMORE MD 21202Title SECRETARY, DIRECTOR  
Name ESSAMUAH, CASELY  
Address 7 EAST BALTIMORE STREET  
City-State-Zip: BALTIMORE MD 21202Title CHAIRMAN  
Name MOORE , STEVE  
Address 7 EAST BALTIMORE STREET  
City-State-Zip: BALTIMORE MD 21202Title DIRECTOR  
Name TAYLOR , ROY  
Address 7 EAST BALTIMORE STREET  
City-State-Zip: BALTIMORE MD 21202Title DIRECTOR  
Name TRAUDT , TIM  
Address 7 EAST BALTIMORE STREET  
City-State-Zip: BALTIMORE MD 21202**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SCOTT ARBEITER****PRESIDENT****03/31/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SENIOR VP OF INFORMATION SYSTEMS  
Name SANDERSON, KEVIN  
Address 7 EAST BALTIMORE STREET  
City-State-Zip: BALTIMORE MD 21202

Title PRESIDENT  
Name ARBEITER, SCOTT  
Address 7 EAST BALTIMORE STREET  
City-State-Zip: BALTIMORE MD 21202

Title CFO  
Name ORDOGNE, RENE  
Address 7 EAST BALTIMORE STREET  
City-State-Zip: BALTIMORE MD 21202

Title DIRECTOR  
Name GALEANO, ALEX  
Address 7 EAST BALTIMORE STREET  
City-State-Zip: BALTIMORE MD 21202

Title DIRECTOR  
Name WESTRATE, BILL  
Address 7 EAST BALTIMORE STREET  
City-State-Zip: BALTIMORE MD 21202

Title VICE CHAIR  
Name WILSON, SANDY  
Address 7 EAST BALTIMORE STREET  
City-State-Zip: BALTIMORE MD 21202

Title CAO  
Name BONILLA, MARCO  
Address 7 EAST BALTIMORE STREET  
City-State-Zip: BALTIMORE MD 21202

Title TREASURER, DIRECTOR  
Name VASELKIV, KATHY  
Address 7 EAST BALTIMORE STREET  
City-State-Zip: BALTIMORE MD 21202

Title DIRECTOR  
Name MAZOROL, PAT  
Address 7 EAST BALTIMORE STREET  
City-State-Zip: BALTIMORE MD 21202