


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
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90031 020 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 717351

1. Corporation Name
THE EVANGELICAL FOUNDATION FOR CHRISTIAN SERVICE, INC.

Principal Place of Business 880 SOUTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33316	Mailing Address 880 SOUTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33316
---	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/14/1969
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-1303444
22	27	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 30	

9. Name and Address of Current Registered Agent

ASHCRAFT, WILLIAM E.
880 SOUTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DORST, DAVID	
STREET ADDRESS	1900 S.W. 24TH TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS, HUGH	
STREET ADDRESS	1111 SE 7TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GARAFALO, PAUL	
STREET ADDRESS	5280 S.W. 4TH COURT	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOXIE, JACK	
STREET ADDRESS	1006 IROQUOIS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARKS, DON	
STREET ADDRESS	1443 S.W. 13TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MOSES, TED	
STREET ADDRESS	904 S.E. 6TH COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **REQUIRED** 7/14/99 934-522-2518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0005422

CR2E037 (5/99)