

FILE NOW: FILING FEE IS \$61.25

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90003 002 ****61.25

Jar
Se

836384



NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 722241
1. Corporation Name
EVANGELISTIC HORIZONS UNLIMITED, INCORPORATED

Principal Place of Business: 7389 SUNNYSIDE DRIVE, LEESBURG FL 34748
Mailing Address: 7389 SUNNYSIDE DRIVE, LEESBURG FL 34748

2. Principal Place of Business, 2a. Mailing Address, 3. Date Incorporated or Qualified (12/14/1971), 4. FEI Number (23-7150336), 5. Certificate of Status Desired, 6. Election Campaign Financing Trust Fund Contribution.

8. Name and Address of Current Registered Agent: RICHMOND, DONALD, 8334 138TH LANE N., SEMINOLE FL 34846
19. Name and Address of New Registered Agent

14. Pursuant to the provisions of Sections 617.0502 and 617.1606, 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 617.0563, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CD NAME: CARTER, WAYNE STREET ADDRESS: 5131 LONGFELLOW AVE CITY-ST-ZIP: TAMPA FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: MCGREGOR, WENDELL STREET ADDRESS: 9132 LAKEVIEW DR CITY-ST-ZIP: NEW PORT RICHEY, FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: ANDERSON, EDWIN STREET ADDRESS: 11 HEMLOCK CT E CITY-ST-ZIP: HOMOSSA FL 32846	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: EVANS, LANNY STREET ADDRESS: 401 SW 71 WAY CITY-ST-ZIP: PEMBROKE PINES FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 118.07(4)(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 registrar 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: _____
1/9/99 352-728-5822
William Skelton - Treasurer 4/12/00

CR26037 (1/98)