2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2004
Secretary of State

DOCUMENT# 722241

Entity Name: EVANGELISTIC HORIZONS UNLIMITED, INCORPORATED

Current Principal Place of Business:

7369 SUNNYSIDE DRIVE
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

7369 SUNNYSIDE DRIVE
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 23-7150336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKELTON, WILLIAM
15739 PADDOCK DR
MONTVERDE, FL 34756 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C/D ( ) Delete
Name: CARTER, WAYNE
Address: 5131 LONGFELLOW AVE
City-St-Zip: TAMPA, FL 33629 US

Title: V/D ( ) Delete
Name: BRADFORD, WILLIAM R
Address: 40 NE 186 TERRACE
City-St-Zip: MIAMI, FL 33179 US

Title: S/D ( ) Delete
Name: EVANS, LANNY
Address: 5424 MONROE ST
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: T/D ( ) Delete
Name: SKELTON, WILLIAM
Address: 15739 PADDOCK DR
City-St-Zip: MONTVERDE, FL 34756 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V/D (X) Change ( ) Addition
Name: BLOUNT, RICHARD E JR
Address: 1401 LAKE FRANCIS DR
City-St-Zip: APOPKA, FL 32712 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM SKELTON T/D 01/10/2004
Electronic Signature of Signing Officer or Director Date