2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722241

FILED Feb 16, 2006 Secretary of State

Entity Name: EVANGELISTIC HORIZONS UNLIMITED, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 7369 SUNNYSIDE DRIVE LEESBURG, FL 34748 **Current Mailing Address: New Mailing Address:** 7369 SUNNYSIDE DRIVE LEESBURG, FL 34748 FEI Number: 23-7150336 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SKELTON, WILLIAM 15739 PADDOCK DR MONTVERDE, FL 34756 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: C/D () Change () Addition () Delete CARTER, WAYNE Name: Name: 5131 LONGFELLOW AVE Address: Address: City-St-Zip: TAMPA, FL 33629 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: BLOUNT, RICHARD E JR Name: Address: 1401 LAKE FRANCIS DR Address: City-St-Zip: APOPKA, FL 32712 US City-St-Zip: Title: S/D () Delete Title: S/D (X) Change () Addition EVANS, LANNY EVANS, LANNY Name: Name: 5424 MONROE ST Address: Address: 16355 FLORENCE OAK CT City-St-Zip: HOLLYWOOD, FL 33021 US City-St-Zip: MONTVERDE, FL 34756 US Title: T/D () Delete Title: () Change () Addition Name: SKELTON, WILLIAM Name: Address: 15739 PADDOCK DR Address: City-St-Zip: MONTVERDE, FL 34756 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 02/16/2006