

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. McPherson
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 AM 9:06

DOCUMENT # 851838 (3)

1. Corporation Name
CHINA OUTREACH MINISTRIES, INC.

Principal Place of Business Mailing Address
3621 HIGHLAND PLACE 3621 HIGHLAND PLACE
P O BOX 310 P O BOX 310
FAIRFAX VA 22030 FAIRFAX VA 22030

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 02/11/1982 3a. Date of Last Report 02/24/1994
4. FEI Number 52-0883435 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MCINTOSH, MRS. EVELYN N.
7233 SAN SEBASTIAN DRIVE
BOCA RATON FL 33433

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
6152 VERDE TRAIL N, APT. E 216
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	PYKE, JAMES DR.
STREET ADDRESS	5304 BALTIMORE AVE.
CITY - ST - ZIP	CHEVY CHSE MD
TITLE	CD
NAME	WALSTON, CLAUDE DR.
STREET ADDRESS	4340 LEEDS HALL DR
CITY - ST - ZIP	OLNEY MD
TITLE	SD
NAME	MCINTOSH, EVELYN, MRS.
STREET ADDRESS	7233 SAN SEBASTIAN DR
CITY - ST - ZIP	BOCA RATON FL
TITLE	P
NAME	HUMMER, EARNEST, REV.
STREET ADDRESS	301 PINEWOOD DR.
CITY - ST - ZIP	SHIREMANSTOWN PA
TITLE	D
NAME	LUNDBERG, QUINN, DR.
STREET ADDRESS	R.D. #1 BOX 14 N/A
CITY - ST - ZIP	BROCKWAY PA
TITLE	T
NAME	REICHARD, ROBERT REV.
STREET ADDRESS	P.O. BOX 597, NA
CITY - ST - ZIP	NEW MARKET VA

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	6152 VERDE TRAIL N, APT. E 216
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Earneist W. Hummer 2-6-95 (1717) 261-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)