

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **851838** (3)
1. Corporation Name
CHINA OUTREACH MINISTRIES, INC.



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

3. Date Incorporated or Qualified: **02/11/1982**
3a. Date of Last Report: **03/22/1995**

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

4. FEI Number: **52-0883435**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCINTOSH, MRS. EVELYN N.
6152 VERDE TRAIL NORTH
#E216
BOCA RATON FL 33433**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP PYKE, JAMES DR.	1.2 NAME	
STREET ADDRESS	5304 BALTIMORE AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	CHEY CHSE MD	1.4 CITY - ST - ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSTON, CLAUDE DR.	2.2 NAME	
STREET ADDRESS	4340 LEEDS HALL DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	OLNEY MD	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOSH, EVELYN, MRS.	3.2 NAME	
STREET ADDRESS	6150 VERDE TRAIL NORTH, #E216	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	3.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMMER, EARNEST, REV.	4.2 NAME	
STREET ADDRESS	301 PINWOOD DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	SHIREMANSTOWN PA	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDBERG, QUINN, DR.	5.2 NAME	
STREET ADDRESS	R.D. #1 BOX 14 N/A	5.3 STREET ADDRESS	
CITY - ST - ZIP	BROCKWAY PA	5.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICHARD, ROBERT REV.	6.2 NAME	
STREET ADDRESS	P.O. BOX 597, NA	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEW MARKET VA	6.4 CITY - ST - ZIP	

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: Earne W. Hummer **EARNEST W. HUMMER, President** 1/23/96 703-273-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)