

**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. Country  
26. Suite, Apt. #, etc. City & State Zip Country  
27. City & State  
28. Zip Country  
29. Zip Country  
30. Zip Country

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                       | CD 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                       | SD 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                       | P 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                       | D 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                       | T 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: Earnest 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)