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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

3621 HIGHLAND PLACE
P O BOX 310
FAIRFAX VA 22030

3621 HIGHLAND PLACE
P O BOX 310
FAIRFAX VA 22030-0310

3. Date Incorporated or Qualified
02/11/1982

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME PYKE, JAMES DR.
STREET ADDRESS 5304 BALTIMORE AVE.
CITY-ST-ZIP CHEVY CHSE MD DELETE

1.1 TITLE VP, D
1.2 NAME GOON, THOMAS MR.
1.3 STREET ADDRESS 6507 LEWIS ROAD
1.4 CITY-ST-ZIP BALDWIN, MD 21013 Change Addition

TITLE CD
NAME WALSTON, CLAUDE DR.
STREET ADDRESS 4340 LEEDS HALL DR
CITY-ST-ZIP OLNEY MD DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP Change Addition

TITLE SD
NAME MCINTOSH, EVELYN, MRS.
STREET ADDRESS 6150 VERDE TRAIL NORTH, #E216
CITY-ST-ZIP BOCA RATON FL DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP Change Addition

TITLE P
NAME HUMMER, EARNEST, REV.
STREET ADDRESS 301 PINWOOD DR.
CITY-ST-ZIP SHIREMANSTOWN PA DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP Change Addition

TITLE D
NAME LUNDBERG, QUINN, DR.
STREET ADDRESS R.D. #1 BOX 14 N/A
CITY-ST-ZIP BROCKWAY PA DELETE

5.1 TITLE D
5.2 NAME BEAVER, HARRY DR.
5.3 STREET ADDRESS 3505 PRINKE WILLIAM DRIVE
5.4 CITY-ST-ZIP FAIRFAX, VA 22031-3049 Change Addition

TITLE T
NAME REICHARD, ROBERT REV.
STREET ADDRESS P.O. BOX 597, NA
CITY-ST-ZIP NEW MARKET VA DELETE

6.1 TITLE T, D
6.2 NAME KENLY, AUSTIN MR.
6.3 STREET ADDRESS 511 WYNGATE ROAD
6.4 CITY-ST-ZIP TIMONIUM, MD 21093 Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE REQUIRED

1-23-97

703 279 3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0076347

CR2E037 (9/96)