

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 05 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 851838 (3)**  
 1. Corporation Name  
**CHINA OUTREACH MINISTRIES, INC.**



Principal Place of Business <b>3621 HIGHLAND PLACE P O BOX 310 FAIRFAX VA 22030</b>	Mailing Address <b>3621 HIGHLAND PLACE P O BOX 310 FAIRFAX VA 22030</b>
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3. Date Incorporated or Qualified <b>02/11/1982</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>52-0883435</b>		

21. Principal Place of Business Suite, Apt. #, etc. <b>Delete PO Box 310</b>	22. Mailing Address Suite, Apt. #, etc. <b>Delete PO Box 310</b>
23. City & State	27. City & State
24. Zip <b>22033</b>	25. Country
28. Zip <b>22033</b>	30. Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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**

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GOON, THOMAS	
STREET ADDRESS	6507 LEWIS RD	
CITY-ST-ZIP	BALDWIN MD	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	WALSTON, CLAUDE DR.	
STREET ADDRESS	4340 LEEDS HALL DR	
CITY-ST-ZIP	OLNEY MD	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCINTOSH, EVELYN, MRS.	
STREET ADDRESS	6150 VERDE TRAIL NORTH, #E216	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HUMMER, EARNEST, REV.	
STREET ADDRESS	301 PINWOOD DR.	
CITY-ST-ZIP	SHIREMANSTOWN PA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEAVER, HARRY DR	
STREET ADDRESS	3505 PRINCE WILLIAM DR	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KENLY, AUSTIN	
STREET ADDRESS	511 WYNGATE RD	
CITY-ST-ZIP	TIMONIUM MD	

**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 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 checked="" type="checkbox"/> Addition
5.2 NAME	<b>DIRECTOR</b>
5.3 STREET ADDRESS	<b>DR. LINDA CHROSLIAK</b>
5.4 CITY-ST-ZIP	<b>3374 HICKORY HILLS DR. DARTON, VA 22124</b>
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 1-20-98 717 761 2500

CR2E037 (10/97)