


FILE NOW: FILING FEE IS \$61.25

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Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90016 006 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 851838**

1. Corporation Name  
**CHINA OUTREACH MINISTRIES, INC.**

Principal Place of Business 3621 HIGHLAND PLACE FAIRFAX VA 22030 US	Mailing Address 3621 HIGHLAND PLACE FAIRFAX VA 22030 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/11/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 52-0883435
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 22033	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29 22033	Country 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOON, THOMAS	1.2 NAME	
STREET ADDRESS	6507 LEWIS RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BALDWIN 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	CHROSNIAK, LINDA D	5.2 NAME	
STREET ADDRESS	3374 HICKORY HILLS DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	OAKTON VA 22124	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENLY, AUSTIN	6.2 NAME	
STREET ADDRESS	511 WYNGATE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	TIMONIUM MD	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, with all other like empowered.

SIGNATURE: *E. Ernest W. Hummer* SIGNATURE REQUIRED *E. Ernest W. Hummer* 1-25-99 717 761 2500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)