

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90079 034 \*\*\*\*61.25

**DOCUMENT # 851838**

1. Entity Name

**CHINA OUTREACH MINISTRIES, INC.**

Principal Place of Business

Mailing Address

3621 HIGHLAND PLACE  
 FAIRFAX VA 22033  
 US

3621 HIGHLAND PLACE  
 FAIRFAX VA 22033-2719  
 US

**80005517**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**52-0883435**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD  Delete  
 NAME GOON, THOMAS  
 STREET ADDRESS 6507 LEWIS RD  
 CITY-ST-ZIP BALDWIN MD

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME CHROSNIAK, LINDA D  
 STREET ADDRESS 3374 HICKORY HILLS DR  
 CITY-ST-ZIP OAKTON VA 22124

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD  Delete  
 NAME KENLY, AUSTIN  
 STREET ADDRESS 511 WYNGATE RD  
 CITY-ST-ZIP TIMONIUM MD

TITLE  Change  Addition  
 NAME **TREASURER ROHRBACH, L.E.**  
 STREET ADDRESS **10911 BLUE ROAN ROAD**  
 CITY-ST-ZIP **OAKTON, VA 22124**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EARNEST HUMMER Earnest W. Hummer**

**PRESIDENT**

**1-12-00**

**717 761 2500**

Date

Daytime Phone #

CR2E037 (9/99)