

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90303 020 ****61.25

DOCUMENT # 851838

1. Entity Name

CHINA OUTREACH MINISTRIES, INC.

Principal Place of Business

**3621 HIGHLAND PLACE
 FAIRFAX VA 22033
 US**

Mailing Address

**3621 HIGHLAND PLACE
 FAIRFAX VA 22033
 US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 310

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FAIRFAX, VA 22033

4. FEI Number

52-0883435

Applied For

Not Applicable

Zip

Country

Zip

Country

22033

USA

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	<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 checked="" 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	CHROSNIAK, LINDA D	
STREET ADDRESS	3374 HICKORY HILLS DR	
CITY-ST-ZIP	OAKTON VA 22124	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROHRBACH, L.E.	
STREET ADDRESS	10911 BLUE ROAN ROAD	
CITY-ST-ZIP	OAKTON VA 22124	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBORN, GLEN, REV.	
STREET ADDRESS	1063 EPPLEY ROAD	
CITY-ST-ZIP	MECHANICSBURG, PA 17055	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENSON, JOHN, REV.	
STREET ADDRESS	4254 MORE FELD RD	
CITY-ST-ZIP	HERMITAGE, PA 16148	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 of Linda D Chrosniak
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)