

FILE NOW: FILING FEE IS \$61.25

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**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90052 031 \*\*\*\*70.00

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N97000003383**

1. Corporation Name  
**THE EVANGEL FUND, INC.**

Principal Place of Business Mailing Address  
 1463 TROON CIR 1463 TROON CIR  
 PALM CITY FL 34990 PALM CITY FL 34990



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/11/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0757765	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution <input type="checkbox"/>	
24 25		29 30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ENRIGHT, RICHARD E 1463 TROON CIR PALM CITY FL 34990				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		85 FL	

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	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	<input type="checkbox"/> DELETE	1.1 TITLE	B	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENRIGHT, RICHARD E		1.2 NAME	BRETSCHER, PRENTISS	
STREET ADDRESS	1463 SW TROON CIRCLE		1.3 STREET ADDRESS	119 COLEMAN BLVD.	
CITY-ST-ZIP	PALM CITY FL 34990		1.4 CITY-ST-ZIP	MT. PLEASANT, SC 29464	
TITLE	T	<input type="checkbox"/> DELETE	2.1 TITLE	B	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLER, DEBRA J CPA		2.2 NAME	O'BRYON, JAMES F.	
STREET ADDRESS	1319 WILSON POINT ROAD		2.3 STREET ADDRESS	1608 SOUTH TOLLGATE ROAD	
CITY-ST-ZIP	CAPE VINCENT NY 13618-0550		2.4 CITY-ST-ZIP	BEL AIR, MD 21015	
TITLE	DP	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPP, W. BREWSTER		3.2 NAME		
STREET ADDRESS	210 RIVER RUN		3.3 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT 06830		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWINGTON, BARBARA		4.2 NAME		
STREET ADDRESS	FIELD POINT RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT 06830		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: [Signature] SIGNATURE REQUIRED 2/15/99 565-283-2489  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)