FILED 2001 UNIFORM BUSINESS REPORT (UBR) Sep 19, 2001 8:00 am Secretary of State DOCUMENT # N9700003383 09-19-2001 90123 016 ****70.00 THE EVANGEL FUND, INC. Principal Place of Business Mailing Address 1463 TROON CIR 1463 TROON CIR MOURE 100 PALM CITY FL 34990 PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0757765 Not Applicable Zip Country Žip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ENRIGHT, RICHARD E 1463 TROON CIR PALM CITY FL 34990 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: >-\$5.00 May Be Make Check Payable to FEE IS \$61.25 * Trust Fund Contribution. Department of State Company in the state of the sta 10. OFFICERS AND DIRECTORS 11. ANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition ENRIGHT, RICHARD E NAME NAME 1463 SW TROON CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP PALM CITY FL 34990 CITY-ST-ZIP TITLE ☐ Detete ☐ Change Addition TITLE SULLER, DEBRA J CPA NAME NAME 1319 WILSON POINT ROAD STREET ADDRESS STREET ADDRESS CAPE VINCENT NY 13618-0550-CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition KOPP, W. BREWSTER NAME NAME STREET ADDRESS 210 RIVER RUN STREET ADDRESS CITY-ST-ZIP **GREENWICH CT 06830** ÇITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NEWINGTON, BARBARA NAME NAME STREET ADDRESS FIELD POINT RD STREET ADDRESS CITY-ST-ZIP **GREENWICH CT 06830** CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition BRETSCHER, PRENTISS NAME NAME STREET ADDRESS 119 COLEMAN BLVD STREET ADDRESS CITY-ST-7IP MT PLEASANT SC 29464 CITY-ST-ZIP

☐ Delete

RICHARD E. ENRIGHT

TITLE

NAME

STREET ADDRESS

SECRETARY

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 this eye 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 advances, with all other like empowered.

Change

(561)283-2489

☐ Addition

TITLE

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

O'BRYON, JAMES F

BEL AIR MD 21015

1608 S TOLLGATE RD