

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathum  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 702832 (7)

1. Corporation Name

EVANGELICAL HOMES FOR CHILDREN, INC.

Principal Place of Business

Mailing Address

P.O. BOX 93  
LEMARS IA 51031

P.O. BOX 93  
LEMARS IA 51031

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/28/1961

3a. Date of Last Report  
04/25/1994

4. FEI Number  
59-6155008

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BESKE, MRS. W.H.  
1363 GLENDALE CIRCLE E.  
SARASOTA FL

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P&C  
GRUPP, ROBERT L.  
515 1ST AVENUE SE  
LE MARS IA

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

SD  
SNYDER, BYRON R.  
673 NORTH LYNN DRIVE  
LE MARS IA

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TD  
SNYDER, MARGARET T.  
673 NORTH LYNN DRIVE  
LE MARS IA

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
FRIEDRICH, ELAINE  
3575 N MOOR PARK RD.  
THOUSAND OAKS CA

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
BESKE, W. H. MRS.  
1363 GLENDALE CIR. E.  
SARASOTA FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
FRIEDRICH, JAMES  
2282 TOWNSGATE RD.  
WESTLAKE VILL. CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

Change  Addition  
900001478559  
-05/03/95--0108 Change 0181 Addition  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

D  
51031  
 Change  Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

D  
TAD  
5-1-95 51031  
 Change  Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

D  
MAHL, CHRISTINE M.  
394 WINDSOR DRIVE  
MARLYSVILLE, PA 19438  
 Change  Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

SD  
POSTMA, FRANK J.  
50 16TH ST. SE.  
LEMARS, IOWA 51031  
 Change  Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

TD  
POSTMA, FRANK J.  
50 16TH ST. SE.  
LEMARS, IOWA 51031  
 Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE:

Frank Postma, Treas. (FRANK POSTMA) 4/19/95 710/546-8313

Date

City/Zip/Phone #