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FILED
Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702832 (7)
1. Corporation Name
EVANGELICAL HOMES FOR CHILDREN, INC.



Principal Place of Business P.O. BOX 83 LEMARS IA 51031	Mailing Address P.O. BOX 83 LEMARS IA 51031-0093
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3. Date Incorporated or Qualified 08/28/1961	3a. Date of Last Report 04/25/1996
4. FEI Number 59-6155008	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**BESKE, MRS. W.H.
1963 GLENDALE CIRCLE E.
SARASOTA FL**

10. Name and Address of New Registered Agent
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 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 re-stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUPP, ROBERT L.	1.2 NAME	
STREET ADDRESS	515 1ST AVENUE SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LE MARS IA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, BYRON R.	2.2 NAME	
STREET ADDRESS	673 NORTH LYNN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LE MARS IA 51031	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, MARGARET T.	3.2 NAME	
STREET ADDRESS	673 NORTH LYNN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LE MARS IA 51031	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHL, CHRISTINE M.	4.2 NAME	
STREET ADDRESS	394 WINDSOR DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HARLEYSVILLE PA 19438	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSTMA, RUTH C.	5.2 NAME	
STREET ADDRESS	50 16TH ST. SE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEMARS IA 51031	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSTMA, FRANK J.	6.2 NAME	
STREET ADDRESS	50 16TH ST. S.E.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEMARS IA 51031	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE _____ DATE _____

CR2E037 (9/96)