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Apr 13, 1999 8:00 am
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04-13-1999 90081 020 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 702832

1. Corporation Name
EVANGELICAL HOMES FOR CHILDREN, INC.

Principal Place of Business
 P.O. BOX 93
 LEMARS IA 51031

Mailing Address
 P.O. BOX 93
 LEMARS IA 51031



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/28/1961	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-6155008	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 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: *Frank J. Postma* (FRANK POSTMA) 4/9/99 712/546-8313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0082171

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