

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -6 AM 6:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722445 (4)
1. Corporation Name
OVER THE ROAD EVANGELISM, INC.

Principal Place of Business Mailing Address
1547 FOXBORO DR. 1547 FOXBORO DR.
PALM HARBOR FL 34683 PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/14/1972 3a. Date of Last Report 04/05/1994
4. FEI Number 23-7226989 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$9.75 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. 189.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 1500 W. VIRGINIA LN 26 1500 W. VIRGINIA LN.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 CLEARWATER FL 28 CLEARWATER FL
Zip Country Zip Country
24 34619 25 29 34619 30

9. Name and Address of Current Registered Agent

ROBINSON, DANIEL T.
1547 FOXBORO DR.
PALM HARBOR FL 34683

SAME
PERSON
NEW
ADDRESS

10. Name and Address of New Registered Agent

81 Name ROBINSON, DANIEL T.
82 Street Address (P.O. Box Number is Not Acceptable) 1500 W. VIRGINIA LN.
83 CLEARWATER FL
84 City FL 85 Zip Code 34619

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

Daniel T. Robinson

(NOTE: Registered Agent signature required when reappointing)

DATE

4/2/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBINSON, DANIEL T
STREET ADDRESS	1547 FOXBORO DR.
CITY - ST - ZIP	PALM HARBOR FL
TITLE	ST
NAME	PEACE, RICHARD
STREET ADDRESS	6197 IVEY HILL LN.
CITY - ST - ZIP	BROOKSVILLE FL
TITLE	V
NAME	HOGLE, ROGER P
STREET ADDRESS	824 CENTER ROAD
CITY - ST - ZIP	CONNEAUT, OH 00000
TITLE	D
NAME	DISMORE, WILLIS G
STREET ADDRESS	2593 COUNTRYSIDE BLVD.
CITY - ST - ZIP	CLEARWATER, FL 00000
TITLE	D
NAME	RALSTON, DONALD
STREET ADDRESS	2285 VANDERBILT
CITY - ST - ZIP	CLEARWATER, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Daniel T. Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/95 913-799-1294

Date

Daytime Phone #