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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 722445

1. Corporation Name

OVER THE ROAD EVANGELISM, INC.

Principal Place of Business

1500 W VIRGINIA LN
CLEARWATER FL 34619
US

Mailing Address

1500 W VIRGINIA LN
CLEARWATER FL 33759
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

01/14/1972

4. FEI Number

23-7226989

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ROBINSON, DANIEL T.
1500 W VIRGINIA LN
CLEARWATER FL 33759

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, DANIEL T	1.2 NAME	
STREET ADDRESS	1500 W. VIRGINIA LN.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34619	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEACE, RICHARD	2.2 NAME	
STREET ADDRESS	6197 IVEY HILL LN.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGLE, ROGER P	3.2 NAME	
STREET ADDRESS	924 CENTER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CONNEAUT, OH 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISMORE, WILLIS G	4.2 NAME	
STREET ADDRESS	2593 COUNTRYSIDE BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALSTON, DONALD	5.2 NAME	
STREET ADDRESS	2265 VANDERBILT	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLAMMA, DAVID	6.2 NAME	
STREET ADDRESS	2050 MAGNOLIA DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34623	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 1999 727 7991531

Date

Daytime Phone #

CR2E037 (1/98)

0054514