

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90080 008 ****61.25

DOCUMENT # 722445

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7226989

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBINSON, DANIEL T	
STREET ADDRESS	1500 W. VIRGINIA LN.	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, SHIRLEY	
STREET ADDRESS	922 CENTER RD	
CITY-ST-ZIP	CONNEAUT OH 44030	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOGLE, ROGER P	
STREET ADDRESS	924 CENTER ROAD	
CITY-ST-ZIP	CONNEAUT OH 44030	
TITLE	D	<input type="checkbox"/> Delete
NAME	DISMORE, WILLIS G	
STREET ADDRESS	2593 COUNTRYSIDE BLVD.	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELY, PAUL	
STREET ADDRESS	1500 W VIRGINIA LANE	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	TS	<input type="checkbox"/> Delete
NAME	ELY, DOROTHY	
STREET ADDRESS	1500 W VIRGINIA LANE	
CITY-ST-ZIP	CLEARWATER FL 33759	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 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

Willis G. Dismore

Date

Daytime Phone #

4-19-02 727 799 1531

CR2E037 (9/01)