


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90072 033 ****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 - No P.O. Box #
2069 SAN MARINO WAY N

3. Mailing Address
P.O. BOX 5623

Suite, Apt. #, etc.

City & State
CLEARWATER FL

City & State
CLEARWATER FL

Zip
33763

Country
USA

Zip
33759

Country
USA

04112007 Chg-NP CR2E037 (12/06)

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

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

7. Name and Address of New Registered Agent

Name
ROBINSON DANIEL T

Street Address (P.O. Box Number is Not Acceptable)
2069 SAN MARINO WAY N

City
CLEARWATER FL

Zip Code
33763

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Daniel T. Robinson* DATE 4/17/07

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

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition to 2069 SAN MARINO WAY N. CLEARWATER FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition to 292 DEER LODGE HWY CLARKRANGE TN 38553
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition to 2069 SAN MARINO WAY N CLEARWATER FL 33763

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *Dorothy Ely*