

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722445

FILED
May 19, 2009
Secretary of State

Entity Name: OVER THE ROAD EVANGELISM, INC.

Current Principal Place of Business:

2069 SAN MARINO WAY N
CLEARWATER, FL 33763 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5623
CLEARWATER, FL 33758 US

New Mailing Address:

FEI Number: 23-7226989 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBINSON, DANIEL T.
2069 SAN MARINO WAY N
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBINSON, DANIEL T
Address: 2069 SAN MARINO WAY N
City-St-Zip: CLEARWATER, FL 33763

Title: D () Delete
Name: ROBINSON, SHIRLEY
Address: 922 CENTER RD
City-St-Zip: CONNEAUT, OH 44030

Title: D () Delete
Name: DISMORE, WILLIS G
Address: 2593 COUNTRYSIDE BLVD.
City-St-Zip: CLEARWATER, FL 00000,

Title: D () Delete
Name: ELY, PAUL
Address: 292 DEER LODGE HWY
City-St-Zip: CLARKRANGE, TN 38553

Title: TS () Delete
Name: ELY, DOROTHY
Address: 2069 SAN MARINIO WAY N
City-St-Zip: CLEARWATER, FL 33763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY ELY

TS

05/19/2009

Electronic Signature of Signing Officer or Director

Date