

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737011

FILED
Jul 07, 2008
Secretary of State

Entity Name: EVANGELISTIC WORKS, INC.

Current Principal Place of Business:

12925 PALM BEACH BLVD.
FT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

12925 PALM BEACH BLVD.
FT MYERS, FL 33905

New Mailing Address:

FEI Number: 59-1752959 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

CALVERT, BOBBY L
4461 RIVER GROVE LANE
FT. MYERS, FL 33905 US

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: CALVERT, BOBBY L
Address: 4461 RIVER GROVE LANE
City-St-Zip: FT MYERS, FL 33905

Title: STD () Delete
Name: CALVERT, LINDA G
Address: 4461 RIVER GROVE LANE
City-St-Zip: FT MYERS, FL 33905

Title: VD () Delete
Name: GOTT, FRANK
Address: 3290 KNIGHT RIDGE RD
City-St-Zip: BLOOMINGTON, IN 47401

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:

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: BOBBY L. CALVERT

PD

07/07/2008

Electronic Signature of Signing Officer or Director

_____ Date