

DOCUMENT # F97000000826

1. Entity Name

BIBLICAL EVANGELISM, AN INDEPENDENT BAPTIST EVAN

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90047 039 ****61.25

Principal Place of Business

1700 WATERFORD DRIVE
#156
VERO BEACH FL 32966
US

Mailing Address

1700 WATERFORD DRIVE
#156
VERO BEACH FL 32966
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-1047705

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SUMNER, ROBERT L
1700 WATERFORD DRIVE
#156
VERO BEACH FL 32966

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME YOUNGER, W T
STREET ADDRESS 1103 CAYUSE CIRCLE, S.E.
CITY-ST-ZIP SALEM ORTITLE STD ☐ Delete
NAME CROTTY, RALPH
STREET ADDRESS 1048 GAULT DR
CITY-ST-ZIP YPSILANTI MITITLE D ☐ Delete
NAME COPASS, ROGER
STREET ADDRESS 6132 GRAYSFORD PLACE
CITY-ST-ZIP FORT WAYNE INTITLE V ☐ Delete
NAME WALL, E WAYNE
STREET ADDRESS 113 BLACKSMITH RD
CITY-ST-ZIP LEXINGTON SC 29072TITLE D ☐ Delete
NAME DIXON, PAUL
STREET ADDRESS 2731 TOBIAS ROAD
CITY-ST-ZIP CEDARVILLE OHTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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

Date

Daytime Phone

CR2E037 (10/00)