FILED Jul 10, 2002 8:00 am Secretary of State 05-28-2002 91749 010 ****61.25

NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # NO100006514 1. Entity Name Evangelis m, Establishing, + Equ. ppineg ministries, INC.						38516		
DO NOT WRITE IN THIS SPACE								
2400 Keiser ct 2		3. Mailing Address 2400 K Suite, Apt. #, etc.	2400 Keiser ct.			DO NOT WRITE IN THIS SPACE		
City & State	sville, FC	City & State TITUSVIII	Tusville, Fl		4. FEI Number	4. FEI Number Applied For Not Applicable		
Zip Country		32 78 D	Country U. S.			S. Certificate of Status Desired		
DO NOT WRITE IN THIS SPACE				Street Addre	7. Name and Address of Current Registered Agent LINDA BALL Address (P.O. Box Number is Not Acceptable)			
	named emity submits this statement for				sville	FL	Zip Code プレフタン	
SIGNATURE Signature, hyport or printed name of registered agent and Mar if applicable. PEE IS \$61.25 Initial or Amended UBR (NOTE: Registered agent and Mar if applicable. (NOTE: Registered agent agent and Mar if applicable. (NOTE: Registered agent agent agent and Mar if applicable. (NOTE: Registered agent agent agent agent and Mar if applicable. (NOTE: Registered agent agen				financing _	\$5,00 May Be Added to Fees	Make Check Department	Y	
10.	OFFICERS AND DI	RECTORS			<u></u>			
TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP	President Eric Greation C 2400 Keiser et Titosville, F1 3 Vice President Linda Ball 2400 Keiser et Titusville, F1 32	(278» D	CITY BILL NAM STRE	EET ADORESS -ST-ZIP			CR2E037B (12/01)	
NAME STREET ADDRESS CITY-ST-ZIP	Charlotte T. PATERE			E ET ADDRESS	DO	NOT WRIT	'E	
TITLE NAME STREET ADDRESS (CITY-ST-ZIP	[(103viii-) (1))			E E E1 ADDRESS -ST-ZIP		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-SE-ZIP				4				
THTLE NAME STREET ADDRESS CITY-ST-ZIP	NAE REET ADDRESS TY-ST-DP			E ET ADORESS - ST-ZIP				
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(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 817, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.								
SIGNATURE: Could Grant J. (Eric G. BALL Tr) 5/14/02 (52)269-2075 BIGNATURE AND TYPED ON PRINTED PLANE OF SIGNATURE AND TYPED ON PROPERTOR OF DIRECTOR DESCRIPTION								