2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100006514

1. Entity Name

EVANGELISM, ESTABLISHING AND EQUIPPING MINISTRIE



Secretary of State 02-07-2003 90110 031 ****61.25

FILED

Feb 07, 2003 8:00 am

Principal Place of Business Mailing Address 20050480 2400 KEISER CT 2400 KEISER CT TITUSVILLE FL 32780 TITUSVILLE FL 32780 3. Mailing Address 2. Principal Place of Business P.O. BOX 2082 IT CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number APPLIED FOR Applied For City & State City & State FL 81-05849 ₁₇ TiTusville Not Applicable Zip --- Country \$8:75 Additional Zip 5. Certificate of Status Desired Fee Required 3278 -2392 15 A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BALL, LINDA A Street Address (P.O. Box Number is Not Acceptable) 2400 KEISER CT TITUSVILLE FL 32780 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IŞ \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition ☐ Delete TITLE BALL, ERIC G JR. NAME NAME 2400 KEISER CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 W ☐ Change Addition TITLE ☐ Delete BALL, LINDA A NAME NAME 2400 KEISER CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL 32780 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE PATZKE, CHARLOTTE I NAME NAME 142 OJIBWAY AVE STREET ADDRESS STREET ADDRESS CITY - ST-718 TITUSVILLE FL 32780 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: