

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000486

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** EVANGELISM TRAINING INTERNATIONAL , INC.

**Current Principal Place of Business:**

1825 DEMASTUS LANE  
OCOOE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

1825 DEMASTUS LANE  
OCOOE, FL 34761

**New Mailing Address:**

**FEI Number:** 36-4547060

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KELLEY, PAUL A  
807 WEST MORSE BLVD, SUITE 201  
WINTER PARK, FL 32789 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: D ( ) Delete  
Name: CONNER, JEFFREY  
Address: 1825 DEMASTUS LANE  
City-St-Zip: OCOOE, FL 34761

Title: D ( ) Delete  
Name: KELLEY, PAUL  
Address: 1825 DEMASTUS LANE  
City-St-Zip: OCOOE, FL 34761

Title: D ( ) Delete  
Name: COX, JAMES  
Address: 1825 DEMASTUS LANE  
City-St-Zip: OCOOE, FL 34761

Title: D ( ) Delete  
Name: CONNER, PATTY  
Address: 1825 DEMASTUS LANE  
City-St-Zip: OCOOE, FL 34761

Title: D ( ) Delete  
Name: KELLEY, BARBARA  
Address: 1825 DEMASTUS LANE  
City-St-Zip: OCOOE, FL 34761

Title: D ( ) Delete  
Name: COX, LARUE  
Address: 1825 DEMASTUS LANE  
City-St-Zip: OCOOE, FL 34761

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFFREY CONNER

D

04/27/2006

Electronic Signature of Signing Officer or Director

Date